



DEPARTMENT OF PSYCHOLOGY

## INDIVIDUAL COURSE WAIVER FORM

Experimental Psychology Program

(Please attach any syllabi used to waive a course)

A. Student Name \_\_\_\_\_

B. Course to be waived \_\_\_\_\_

C. Data presented in support of course waiver. Note all specific course names, numbers and institutions that are applicable.

D. Evaluation by instructor:

E. Needed steps to be completed before waiver is approved:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Instructor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Director Signature

\_\_\_\_\_  
Graduate Director Name

\_\_\_\_\_  
Date