



Specialization Course Waiver

Please complete this form with your adviser and return to the Graduate Programs Office for review by the Graduate Programs Director.

Name: _____ Date: _____

PSU ID#: _____ E-mail: _____

I request a review of the following course to determine if it can be waived towards a specialization course requirement.

Course title: _____

Have you completed the course at this time? YES NO

Student justification:

Adviser's Statement:

This course can be used towards a specialization course requirement.

This course cannot be used towards a specialization course requirement.
Please provide a brief statement about why this course is not equivalent.

Adviser Signature: _____ **Date:** _____

Please return form to the Graduate Programs Office in the Westgate Building for review by the Graduate Programs Director.

Approved. This course can be used towards fulfilling a specialization course requirement.

Not approved. This course cannot be used towards fulfilling a specialization course requirement.

Director of Graduate Programs Signature

Date