

STUDENT WAIVER REQUEST
Department of Curriculum and Instruction
College of Education/Purdue University

(Please print)

Student _____ PUID # _____ Faculty Advisor _____

Address _____

E-mail Address _____

Program Area _____ Master's ____ Ph.D. ____ Ed.S. ____

Waiver Request _____

(If requesting a course substitution, provide a course syllabus for the required Purdue research course and for the one to be substituted, plus a rationale/justification indicating equivalency to the requirement.)

Rationale or extenuating circumstances for requesting the waiver (Additional sheet may be attached.) _____

Student's Signature _____ Date _____

Faculty Advisor's Signature _____ Date _____
(Additional sheet indicating support may be attached.)

Submit to the Office of Graduate Studies, College of Education, Purdue University, 100 North University, Beering Hall, Room 6104, West Lafayette, IN 47907-2098.

For Office Use Only:

Forwarded to the C & I Graduate Waiver Subcommittee on _____

a) _____ Approved by C & I Graduate Waiver Subcommittee* _____
Signature of Subcommittee Chair/Date

b) _____ Not approved. _____
Signature of Subcommittee Chair/Date

Please resubmit and provide the following additional information: _____

c) _____ Not approved. _____
Signature of Subcommittee Chair/Date

*Waivers involving Graduate School policies must also be approved by the Purdue University Graduate School.

Forwarded to the Graduate School on _____

Approved by Graduate School _____
Signature/Date

Not approved by Graduate School _____
Signature/Date

Student/Advisor notified by Office of the Graduate Studies on _____