GSAPP APPLICATION FOR WAIVER OF REQUIRED DIDACTIC COURSE

1. Please use separate sheet for each GSAPP course you are waiving
2. Upon completion, have signed by the Course Instructor
3. When signed by Course instructor, make copy & bring original to the program administrator, Julie Skorny (clinical) Room A343, Kathy McLean (applied), A335
4. Attach copy of all waiver forms to your program proposal.

Name of Student______________________________________________ Date__________________

1. Requesting Waiver for the following required course (please list title of course as it is listed in the program proposal):

2. Document below the Pre-GSAPP graduate level course which is the basis of your request for a waiver of the above-listed courses. (Undergraduate courses and/or experience and other GSAPP courses can not be used as basis for waiver. Each course can be listed as the primary basis for a waiver for ONE GSAPP course ONLY).
   a. Institution__________________________________________________
   b. Pre-GSAPP Graduate Course Title and Number:

   c. Semester and Year Taken:__________________________________
   Credits Earned________________  Grade______________________
   d. Description of course from catalogue (type or attach):

   e. Attach the following:
      i. Reading list of required and supplemental texts
      ii. Course requirements—i.e. practicum, papers.
      iii. Course outline

3. If additional courses are used to supplement this applicant for a waiver, describe them on the reverse side of this form and attach any relevant documentation.
4. If other educational experiences are utilized to supplement this application for a waiver, describe them on the reverse side of this form and attach any relevant documentation.

5. COURSE INSTRUCTOR APPROVAL (Instructor checks appropriate statements and signs)
   a. Yes_____ No_____ Has this student had training and/or experience reasonably equivalent to those provided by the above course requirement at GSAPP?
   b. Yes_____ No_____ With respect to competencies taught through the required GSaPP course, does this student already possess these competencies at a level equal to the minimal level of those who complete the course?

I approve__________ or disapprove__________ student’s waiving this course.

___________________    _____________________________________
Date       Signature  

_____________________________________
Printed Name