SHIPPENSBURG UNIVERSITY DEPARTMENT OF COUNSELING & CSP

Application for Course Waiver

(All requests must be submitted to current advisor prior to completion of 18 credit hours of course work toward degree)

Student Name:		SU#
Address:		
Waiver Requested (course name &	number):
Replacement course	e (course name	& number):
Student's Signature	& Date	
Approved _	Denied	Advisor & Date
Approved _	Denied	Specialization Coordinator & Date
Approved _	Denied	 Department Chair & Date