

**JOSEF KORBEL SCHOOL OF INTERNATIONAL STUDIES
REQUEST TO WAIVE A CLASS/ES**

Name: _____

Banner ID#: _____

Degree Program: _____

Faculty Advisor: _____

I hereby request to waive the following course/courses (maximum allowable for waiver are 2 courses or 6 sem. hr equivalent; 9 qtr hr equivalent) for GRADUATE level coursework taken at:

_____ (name of institution)

_____ (quarter/semester/and year taken)

_____ grade (must be a "B" or better).

Please attach brief course description and a copy of the transcript with the grade posted.

_____ Date

_____ Signature

_____ Date

Faculty Advisor's Approval/Signature

_____ Date

Approval by Office of Student Affairs

All requests for course waivers must be submitted to the Office of Student Affairs with all signatures/documentation no later than the 3rd week of class of the student's FIRST quarter as a student at the Josef Korbel School of International Studies.