

**SHIPPENSBURG UNIVERSITY
DEPARTMENT OF COUNSELING**

Application for Course Waiver

*(ALL REQUESTS MUST BE SUBMITTED TO CURRENT ADVISOR PRIOR TO
COMPLETION OF 18 CREDIT HOURS OF COURSE WORK TOWARD DEGREE.)*

1. Name: _____ SSN: _____

2. Address: _____

3. Waiver Requested for (Course name and number): _____

4. Replacement Course: _____

5. Please attach justification of having had the experience needed to learn the competencies offered by the course listed above. Provide evidence and documentation to back up the request (e.g., syllabus, transcript, catalog description, course work, etc.).

Student=s Signature

Date

=====
=====

Record of Action

_____ Approved _____ Denied _____

Advisor

Date

_____ Approved

_____ Denied _____

Leader

Team
Date

_____ Approved

_____ Denied _____

Chair

Department
Date