

CLASS WAIVER REQUEST

Name: _____ PHONE: _____

STUDENT ID#: _____ PROGRAM: _____

EMAIL: _____

Class that waiver is requested for : _____

Justification of waiver request: _____

Prior coursework that justifies waiver (with grades received): _____

University where coursework was completed: _____

Please return this form along with previous course syllabus (if available) to:

Yani Vozos 426 W. Bloom St. Louisville, KY 40208

Or yani.vozos@yahoo.com

***It is important to note that if the course waiver is approved it **does not waive the credits** that the course carries which are required for graduation. In other words, if PLAN 600 is waived, only the requirement to take that course is waived and the student will need to replace this with another 3 credit elective in order to have the appropriate number of credits to graduate.