

# ME-PD Course Waiver Form

<b>Student Name:</b>			
<b>ID Number:</b>		<b>Date:</b>	

<b>Course Title:</b>	
<b>Course Code:</b>	
<b>Rationale:</b>	

I understand that:

- Prior to a waiver being approved, I must submit appropriate documentation of the experience or course potentially similar or equivalent to the course I am requesting a waiver for; and
- Any credits associated with a waived course are not waived and I am still responsible for incorporating the minimum number of credits required for an ME-PD degree into my course of study.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Course Instructor Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
ME-PD Director Approval

\_\_\_\_\_  
Date

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