

Visual Studies Graduate Program

REQUIREMENT WAIVER PETITION

Name: _____

This is a request that alternate work be accepted as fulfillment of a course requirement(s) of the program as described below. Supporting materials (syllabus, transcript, etc.) must be reviewed by your academic advisor) and be submitted along with this form.

1. Requested number of courses to waive: _____

2. Was MA in Visual Studies? _____

3. Reason for waiver:

To be filled out by DGS

Number of courses waived: _____

Number of courses remaining in:
Visual Studies: _____

Outside Department: _____

Either: _____

List core course requirements (if changed): _____

Student Signature: _____ Date: _____

Faculty Advisor Approval: _____ Date: _____

Graduate Director Approval: _____ Date: _____