UNIVERSITY OF SOUTH CAROLINA

DEPARTMENT OF PSYCHOLOGY

INDIVIDUAL COURSE WAIVER FORM

School Psychology Program

TO BE COMPLETED FOR EACH COURSE BY END OF FIRST SEMESTER IN PROGRAM

A. Student Name _____

B. Course to be waived _____

C. Data presented in support of course waiver. Note all specific course names, numbers and institutions that are applicable.

D. Evaluation by instructor:

E. Needed steps to be completed before waiver is approved:

_____ _____
Student Signature Date

_____ _____
Instructor Signature Date

_____ _____
Graduate Director Signature Date

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