UNIVERSITY OF FLORIDA COLLEGE OF EDUCATION

Request for **WAIVER** of a Required Course
in State and NCATE Approved Programs

**INSTRUCTIONS:**

1) Attach a photo-copy of the course description.
2) Attach a course syllabus from the transferring institution (include the chapter topics covered in course).
3) Attach a photo-copy of the accreditation statement from the school where you took the class – usually found in the front of the catalog. (Not necessary for nationally known schools.)
4) Submit this form with attachments to the Office of Student Services, G-416 Norman Hall or, fax to (352) 392-4519, or send to Student Service, G416 Norman Hall, PO Box 117042, Gainesville, FL 32611.
5) Once a decision is made, a copy will be sent to the address provided on this form.

---

**Student Name** __________________________________________  **UFID** ________________________

**Program (please check)**

- Early Childhood ProTeach
- Educational Leadership
- Elementary ProTeach single cert
- Elementary ProTeach dual cert
- English Secondary ProTeach
- Reading
- Science Secondary ProTeach
- School Counseling & Guidance
- School Psychology
- Social Science Secondary ProTeach

**Classification (please check)**

- Post-Bac
- MED
- EDS
- PHD/EDD

**EMAIL** ______________________________________  **local phone number** ________________________

**ADDRESS**

**Required Course**

<table>
<thead>
<tr>
<th>Course number</th>
<th>Course title</th>
<th>Credit</th>
</tr>
</thead>
</table>

**Requested Waiver**

<table>
<thead>
<tr>
<th>Course number</th>
<th>Course title</th>
<th>Credit</th>
<th>Semester</th>
<th>Grade Received</th>
</tr>
</thead>
</table>

**Name of Institution where course was taken**

**Reason for waiver**

________________________________________________________________________

________________________________________________________________________

**Advisor's name**

**Advisor's comments**

________________________________________________________________________

________________________________________________________________________

**Student's Signature** ________________________  **Date** ________________________

**Advisor's Signature** ________________________  **Date** ________________________  **Graduate Coordinator Signature** ________________________  **Date** ________________________

**STUDENT AFFAIRS ACTION**

_____ Approved  _____ Denied  **Date** ________________________

**Comments**

________________________________________________________________________

________________________________________________________________________

---

**Assistant Dean of Student Affairs Signature**

Office of Student Services  **Waiver Form**  June 2009