

UNIVERSITY OF FLORIDA COLLEGE OF EDUCATION

Request for **W A I V E R** 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)

Classification (please check)

<input type="checkbox"/> Early Childhood ProTeach	<input type="checkbox"/> Reading
<input type="checkbox"/> Educational Leadership	<input type="checkbox"/> Science Secondary ProTeach
<input type="checkbox"/> Elementary ProTeach single cert	<input type="checkbox"/> School Counseling & Guidance
<input type="checkbox"/> Elementary ProTeach dual cert	<input type="checkbox"/> School Psychology
<input type="checkbox"/> Elementary SITE –based	<input type="checkbox"/> Social Science Secondary ProTeach
<input type="checkbox"/> English Secondary ProTeach	

<input type="checkbox"/> Post-Bac
<input type="checkbox"/> MED
<input type="checkbox"/> EDS
<input type="checkbox"/> PHD/EDD

EMAIL _____

local phone number _____

ADDRESS _____

Required Course

Course number	Course title	Credit
---------------	--------------	--------

Requested Waiver

Course number	Course title	Credit	Semester	Grade Received
---------------	--------------	--------	----------	----------------

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 _____