Department of Psychology Florida State University

COURSE WAIVER REQUEST

_		nother institution that he/she believes to be	
comparable to a course required i Graduate Student:	, , ,	Prior Course:	
Major Professor:			
FSU Course: Semester and Year Taken: We ask that you review the attached syllabus/other course materials and make a determination about whether the previous course is equivalent to your course. You should contact the student if you have any questions or need additional information. The student's major professor's signature (above) indicates that he/she approves the waiver if you find the courses to be equivalent. Please complete this memo and return it to the Graduate Studies Office (A203G) at your earliest convenience.			
·	naterials, I believe these courses are eq		
			_
Major Professor Signature	Print Name	Date	
Course Instructor Signature	Print Name	Date	
Area Head Signature	Print Name	Date	
APPROVAL	Director of Graduate Studies	Date	

Waiver policy: The department typically handles course waiver requests by having the student contact FSU faculty teaching the comparable course to ask him/her to determine whether the completed course is roughly equivalent to the FSU course. A copy of this form is returned to the student and the original is filed in the student's graduate folder.

Revised 02/09/2023

Dear Instructor: