

Howard University School of Divinity
COURSE WAIVER FORM

Please waive the following course for _____
(Student Name)

_____ in the _____ degree program.
(I.D. Number)

Course Number: _____ - _____ - _____

Course Title:

What area requirement does this course satisfy?

Number of Credits:

Semester:

Please state reason (s) below for waiving course and supply supporting documentation.

Student Signature

Date: _____

Professor Making Determination

Date: _____

Program Advisor

Date: _____

Associate Dean for Academic Affairs

Date: _____