MEMORANDUM

TO: Shelley Gair, Graduate Records
FROM: Sean Markey, Chair Graduate Studies Committee
SUBJECT: Course waiver
DATE: 

___________________________  Student Number: ______________

(Name of Student)

Courses completed:
1. ______________________________________________
2. ______________________________________________
3. ______________________________________________
4. ______________________________________________
5. ______________________________________________
6. ______________________________________________
7. ______________________________________________
8. ______________________________________________
9. ______________________________________________

at ____________________________________________________________

(University)

_____________________________  ____________________
(Instructor’s name)  (date)

_____________________________  ____________________
(Graduate Chair)  (date)

_____________________________  ____________________
(Director)  (date)

(17 MRM/PhD course waiver)

_________________________________ is satisfied that the above listed course(s)

(Course name and number)

she/he instructs. I have reviewed the relevant documents and I recommend that the

student be granted five (5) credit hours toward their degree.