MEMORANDUM

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

(Name of Student)  Student Number  __________

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

at ____________________________________________

(University)

__________________________ is satisfied that the above listed course(s)

(Instructor’s name)
cover(s) the material in ____________________________________________ which

(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 the MRM degree.

__________________________  ______________________
(Instructor)  (date)

__________________________  ______________________
(Graduate Chair)  (date)

__________________________  ______________________
(Director)  (date)

(14 MRM course waiver)