MEMORANDUM

TO: Mary Ann Pope, Graduate Records
FROM: Murray Rutherford, 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)