

Waiver Request

Date Created

Name (Please print)	Student ID	UTD Email
<input type="radio"/> MS	in _____	
<input type="radio"/> Double Degree MBA/MS		
<input type="radio"/> MBA		
Degree Sought		
UTD Course to be waived	_____	_____
	Prefix and Course#	Course Title

The course waiver is requested to (check all that apply):

- Waive a required course and replace it with a higher level course in the same area
- Waive a course pre/co-requisite to register in the following courses:

previous degrees

Previous degree	Previous degree
_____	_____
Institution	Institution
_____	_____
Date Awarded	Date Awarded
_____	_____

previous coursework

Course #	Course Name	Cr Hrs	Grade	Course Institution	Taken Date

Decision: Approved Denied Need more Information

Corresponding Faculty	Area Coordinator	Graduate Associate Dean (if replacing core)
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