



Department of Architecture  
School of Architecture and Planning

REQUIRED COURSE WAIVER

Student \_\_\_\_\_

Instructor \_\_\_\_\_

Course #/Title \_\_\_\_\_

Semester \_\_\_\_\_

Date \_\_\_\_\_

I have examined the above student for his/her competence related to the above course, and consider that the student is competent in this particular subject matter; and can be excused from the course.

Signature of Instructor \_\_\_\_\_

Signature of Department Chair \_\_\_\_\_

Please return to Department of Architecture, 114 Diefendorf Hall