

Thompson Hall  
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www.umass.edu/spp

### Core Course Waiver Form

Student Name \_\_\_\_\_

Course Name \_\_\_\_\_

Course Number: SPP \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Name of Instructor(s): \_\_\_\_\_

Rationale for Waiver of Course\*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Waiver Approved by:**

\_\_\_\_\_  
SPP Graduate Programs Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Course Instructor

\_\_\_\_\_  
Date

\*If applicable, please attach syllabus/i of previous course/s taken.