

Thompson Hall
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Amherst MA 01003

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Core Elective Course Waiver Form

Student Name _____

Course Name _____

Course Number: SPP _____ Semester/Year: _____

Name of Instructor: _____

Rationale for Waiver of Course*:

Signature of Student

Date

Waiver Approved by:

SPP Graduate Program Director

Date

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