

## Course Waiver Form

This form is to be used if you wish to substitute another course for one of your degrees required courses. This form must contain your advisor's signatures and the signature of the instructor of the equivalent course at UW-Madison before your waiver will be considered by the department. Please submit the completed form to the Graduate Program Manager, Emily Laabs ([emlaabs@wisc.edu](mailto:emlaabs@wisc.edu)). \*\*Insert a picture of your signature.

**Name:**

**Campus ID:**

**Date:**

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	Dept. & #	Title	Institution	Term	Credits	Grade
Required Course						
Substitute Course						

**Reason for waiver:**

**Committee Recommendation for Approval**  Yes

No

**Name**

**Signature**

**Date**

Major Professor:

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Member 1:

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Member 2:

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Member 3  
(optional MS):

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Member 4  
(optional PhD):

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Please check here if committee member 1 is a co-advisor

**Course Instructor Approval**  Yes

No

**Name**

**Signature**

**Date**

Instructor:

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**Academic Affairs Committee Approval**  Yes

No

**Name**

**Signature**

**Date**

AAC Chair:

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