

**Oklahoma State University School Psychology Program
Course Waiver Application**

Our students enter the program from a variety of backgrounds, and you may feel that you have successfully completed a course comparable to some required by the program. For each required course within the program that you wish to request a waiver, please complete a separate form. Attach a copy of the course syllabus and/or catalog description. All waivers must be on file before completion of the plan of study.

Student Name _____ Date _____

OSU Required course Prefix, number and name: _____

Prefix, number and name of course you wish to substitute: _____

Institution _____

Date taken: _____ Instructor: _____ Grade: _____

Was this course applied toward your Master's or Specialist degree? MS _____ Ed.S _____

Briefly describe why you feel this course is equivalent and how it is sufficient for your professional training as a school psychologist.

How would this waiver affect your plan of study and what course, if any, would you substitute on your plan of study?

_____ This waiver and/or substitution is approved; the above listed required course does not have to appear on the student's plan of study.

_____ This waiver is denied; the above listed required course must appear on the plan of study and be completed successfully.

Advisory Chair Signature

Date

Program Coordinator Signature

Date

Program Faculty Member

Date