

**NORTHEASTERN UNIVERSITY
GRADUATE SCHOOL OF COMPUTER SCIENCE**

REQUEST FOR REQUIRED COURSE WAIVER

STUDENT NAME: _____ I.D. Number _____

ADDRESS: _____

TELEPHONE NUMBER: _____

I hereby request course substitution as follows:

Number of course taken: _____ Title of Course: _____

Where and when taken: _____

Grade: _____ Number of Credits: _____

Instructor: _____

Textbook(s) used: _____

Was course taken a graduate course? (Yes or No): _____

Did course taken count towards a degree which you received? (Yes or No): _____

Northeastern University required course for which you desire waiver:

Course Number: _____ Course Name: _____

Number of Credits: _____

AUTHORIZATION:

Advisor's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

NOTE: Official transcript(s) and copy of course description(s) (taken directly from college catalog) must be submitted along with this request. Waiver of courses will not be considered without these documents.