

# D | A | A | P

College of  
**DESIGN**  
**ARCHITECTURE**  
**ART**  
**PLANNING**

## MASTER in COMMUNITY PLANNING COURSE WAIVER

Attach the syllabus from the equivalent course for review and send to the instructor of the course you wish to be waived.

### STUDENT INFORMATION

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

Email: \_\_\_\_\_ M# \_\_\_\_\_

This request is for a waiver to be granted for:

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_

Instructor: \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grade earned for equivalent course: \_\_\_\_\_ Year taken: \_\_\_\_\_

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date

Does the student meet the requirements to be granted a waiver from the course requested above? Yes / No

\_\_\_\_\_  
Instructor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date

University of Cincinnati  
School of Planning  
PO Box 210016  
Cincinnati, OH 45221  
Attn: Emily Paolucci  
[emily.paolucci@uc.edu](mailto:emily.paolucci@uc.edu)  
513-556-4295

