DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

SPECIAL COURSE WAIVER APPLICATION FOR EDUCATIONAL PSYCHOLOGY FOUNDATION REQUIREMENTS

Return Waiver Form to 345 Education Building

THIS FORM IS FOR USE BY COLLEGE OF EDUCATION MASTER'S STUDENTS WHO ARE NOT ABLE TO COMPLETE THE EDUCATIONAL PSYCHOLOGY PART OF THE COLLEGE FOUNDATION COURSE REQUIREMENTS, AS STATED IN THE COLLEGE HANDBOOK, DUE TO UNAVAILABILITY OF SUFFICIENT REGISTRATION OPTIONS DURING THE STUDENT'S TERM OF ACADEMIC ELIGIBILITY.

Name: _____ UIN: _____

Department: _____ Phone: _____

1. For what degree do you need to fulfill the Foundation Course requirement? □ Masters □ Advanced Certificate
2. Do you need approval for teacher certification? □ Yes □ No
3. Please provide complete information about the course or courses you have taken to fulfill the Educational Psychology part of the College Foundation requirement, i.e., course number, hours completed, grade:

PLEASE ACCOMPANY THIS FORM WITH A COMPLETE STATEMENT EXPLAINING YOUR CIRCUMSTANCES AND REASON FOR REQUESTING A WAIVER.

_____ _____

Student's signature Date Advisor's signature Date

□ Approved □ Denied

_____ _____

Ed. Psych. Assoc. Chair Date Reason for denial

□ Approved □ Denied

_____ _____

SAAO Associate Dean Date Reason for denial

□ Approved □ Denied (if required by question 2 above)

_____ _____

Council on Teacher Education Date Reason for denial

Rev. 9/16/10

Copy distribution: □ Student □ Advisor □ Ed. Psych. File □ C.T.E. (if certification approval needed in #2 above)