

**Master of City Planning  
WAIVER/SUBSTITUTION REQUEST FOR CONCENTRATION REQUIREMENT**

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1<sup>ST</sup> YEAR OR CONTINUING: \_\_\_\_\_

DUAL DEGREE PROGRAM: \_\_\_\_\_

UNDERGRADUATE MAJOR: \_\_\_\_\_

**COURSE TO BE WAIVED/SUBSTITUTED:**

\_\_\_\_\_

**SUBSTITUTE COURSE TAKEN or TO BE TAKEN IN PLACE OF WAIVED COURSE:**

*Attach course description and syllabus, or other documentation as appropriate to justify waiver/substitution request.*

\_\_\_\_\_

**REASON FOR REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE INDICATING APPROVAL OF WAIVER:**

FACULTY ADVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MCP PROGRAM CHAIR SIGNATURE: *(In consultation with faculty concentration lead)*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

DENIED: \_\_\_\_\_

DATE: \_\_\_\_\_

**REASONS FOR DENIAL:**

\_\_\_\_\_

\_\_\_\_\_

*Student should keep a copy of this form, showing approval, for his/her records; copy will also be placed in student file.*