

**Master of City Planning  
WAIVER/SUBSTITUTION REQUEST FOR CORE COURSE**

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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURES INDICATING APPROVAL OF WAIVER ARE TO BE OBTAINED IN THE FOLLOWING ORDER:**

1. FACULTY ADVISOR SIGNATURE: \_\_\_\_\_

2. SIGNATURE OF CORE COURSE INSTRUCTOR: \_\_\_\_\_

3. SIGNATURE OF MCP PROGRAM COMMITTEE CHAIR: \_\_\_\_\_

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.*