DEPARTMENTS OF SOCIOLOGY AND RURAL SOCIOLOGY
UNIVERSITY OF WISCONSIN-MADISON

COURSE WAIVER REQUEST

NAME: 

ID: 

CURRENT ADDRESS: 

ADVISOR:

I request a waiver of Soc. _____, for the following reason:

_____ An equivalent course (or courses) was taken elsewhere.

Course No. and Title ________________________________

Year Taken _______ University __________________________

(Attach transcript and course syllabus.)

_____ I took the course at this university within the past three years, before I became a sociology graduate student.

_____ Other. Explain ________________________________

Recommendation by faculty member who teaches the Sociology course for which the waiver is requested:

Faculty Signature

_________________________ Date

ASC Decision:

Signature, ASC Chair

_________________________ Date