

Application for Course Waiver Approval

Instructions:

- Complete the following form and take it to your program office.
- Use one form for each FPB course for which you are requesting a waiver.
- Provide documentation to support request for course waiver. This could be a syllabus, documentation of experiential learning or statement indicating faculty approval.
- A course to be waived as an FPB requirement MUST be approved in advance.
- For post-MSN DNP students, course must be taken within the past 5 years

NAME		Student ID # EMAI		L	
Course#	Course Name /Institu	tion /Semester and	Year Taken	Credit hrs	
-	FPB equivalent course# and	d title			
Please list docur	mentation provided:				
Approved	Not Approved				
Faculty Review	er : <u>If not approved,</u> briefly sta	ate why the prior o	ourse is not eq	uivalent	
	Student's Signature		Date		
	Faculty's Signature		Date		
09/2012	Program Director's Signate		Date sted on	 Bv	