# Prerequisite Course Waiver Form and Procedures 

If an applicant has taken or is considering taking a course that is similar to a prerequisite course but it's not listed on our course equivalency chart, use of that course must be approved by the appropriate advisor.

## Please complete the waiver process at least six weeks before the application deadline.

## Waiver Request Procedures

1. Applicants submit a waiver form, a course description from the university or college's bulletin and other supporting documentation to the advisor.
2. The advisor reviews the materials and makes a recommendation by completing and signing the waiver form.
3. The advisor sends the signed waiver form to the appropriate admissions coordinator and also emails the applicant with their decision.
4. The waiver materials are placed in the applicant's file.

## Prerequisite course education advisors

| Prerequisite Course | Advisor Name | Email | Phone Number |
| :--- | :--- | :--- | :--- |
| Math 211, 212, 213 | Eva Thanheiser | evat@pdx.edu | $503-725-3628$ |
| LIB 428 and LIB 528 | Jason Ranker | jranker@pdx.edu | $503-725-4629$ |

College of Education
College of Education
Email: askcoe@pdx.edu

# Course Substitution/Waiver Request Form 



List substituting course(s) or rationale for waiver:

I understand the above listed course(s) will only be officially substituted/waived after the College of Education receives a signed, approved form from the appropriate advisor and that I am responsible for submitting any transcripts, syllabi, or other documentation deemed necessary for the completion of this form to the advisor along with this form. By entering my initials below, I am stating that the information presented in this request is true and accurate. Students who submit false information are in violation of campus policy and may be subject to disciplinary action.
$\square$ Approved
$\square$ Conditionally Approved
$\square$ Denied
$\square$ Denied

Approved
$\square$ Conditionally Approved
$\square$ Denied
$\qquad$

Department Use Only:
Initials: ___ Name:

| Approving Advisor | Date |
| :--- | :--- |
| Conditions (if applicable): |  |

## Date

Conditions (if applicable): on campus.

