

MBS Course Waiver Form

Name: _____

RUID: _____

Course to be Waived: _____

Justification for Course Waiver:

Signature

Date

***Please submit this form to psminfo@docs.rutgers.edu**

**Please note that you will not receive credit for a
waived course; i.e. you must take a course in lieu of
taking the waived course.**

For Office Use Only:

Approval Signature

Date