

MA IN APPLIED LINGUISTICS: WAIVER OF COURSE REQUIREMENT

Name: _____

Academic Advisor: _____

BU Core Course Requirement to be waived _____

Number/Name of the course taken elsewhere:

University where course was taken; date taken:

Were transfer credits awarded for this course? _____

If not, what BU course has been approved as a substitution? _____

Signature of BU faculty member who teaches the core course being waived:

[printed name]

[signature]

[date]

BU Elective Course Requirement to be waived: _____

Number/Name of the course for which transfer credits were awarded:

University where course was taken; date taken:

Signature of DGS:

[signature]

[date]