1. LINGUISTICS WAIVER OF COURSE REQUIREMENT FORM

Name: _____   **Degree program** _____

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 required 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]