



SCHOOL OF EDUCATION
MASTERS PROGRAM

Engaging diverse communities through leading and learning for social justice.

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San Marcos, California 92096-0001
Main Office: 760.750.4300 | Advising: 760.750.4277

www.csusm.edu/soe

REQUEST TO TRANSFER/WAIVE COURSE

TRANSFER WAIVER

Date

Student name: Last, First, MI

Social Security Number

Street Address

(Area Code) Phone Number

City, State, Zip

E-mail Address

CSUSM COURSE TO BE WAIVED:

CSUSM Course Number

Course Title

COURSE SUBMITTED FOR REVIEW:

Semester

Quarter

College/University, where course was taken

Number of Units

Term/Year Taken

Course Number

Course Title

Justification for requesting a course waiver/transfer:

Please Attach:

- Catalog Course Description
- Course Syllabus
- Transcript Copy (showing course grade earned)

*** In order for this request to receive full consideration, all required documentation must be included.**

- The course must have been completed within five (5) years prior to beginning the program.
- Courses must be 600-999 level to be considered for graduate level work. CSUSM Extended Learning Professional Development courses (1000 level or above) do not qualify.
- When submitting this packet of information, you must include copies of transcripts separate from those submitted with your application to the School of Education master's program. The transcript copy does not need to be "official."

Do not write below this line

Approved

Denied

Comments:

Program Faculty Authorized Signature

Date

MA Coordinator Authorized Signature

Date