

APPENDIX I

GSRRE Waiver/Substitution/Transfer Form

Dear Student,

This form must be filled out completely and then given, by the student, to your faculty advisor. Please allow approximately 8 weeks for a decision, as the process must move through committees that meet monthly. Please submit the syllabus for any non-GSRRE course you are seeking a waiver, substitution or transfer credit for with this document. If the request involves a course not previously submitted to GSRRE, please also have an official transcript sent to us at the time of this request. This form must be submitted at least one semester before graduation. Requests will not normally be reviewed until at least 6 credits have been successfully completed in your current program at GRE.

Name:

Fordham ID Number:

Email Address:

Today's Date:

Degree Program

Expected Graduation Date (month/year):

(This form must be filed at least one semester before the semester in which you will graduate.)

Faculty Advisor's Name:

Request is for:

- Transfer Credit (seeking to use credit from a prior University towards your GRE degree)
- Waiver from Course (seeking exemption from a course because you believe you have completed a similar course at the graduate level successfully)
- Substituting one GRE course for another GSRRE course
- Other (If other, please contact the Dean's office)

Form will be rejected if it is not completely filled out, including precise course number name and school for all courses listed here.

Course I wish to be waived/or covered by transfer course:

_____ (for example SPGR 7745 Theology of Luther)

Course I ask be approved to meet this requirement(include school):

_____ (for example MCT 501 Theology of the Reformation – Boston College)

Reason for Request: Please be specific and detail why you think this course will help assure the quality of the GRE degree program you are currently completing. Please also list the course number you think your prior experience is equivalent to. (continue on additional pages if necessary)

Level at which prior course was taken:

- Certificate
- Master's
- Doctoral
- Other _____

Semester and year in which prior course was taken: _____

Course designation from prior institution (example: 'AAGE 4500'): Yes No

Have you submitted an official transcript from this institution?

Student Signature

Today's Date

For authorized Faculty/Administrative use only:

I support this request Yes No

Faculty Advisor: _____

Date: _____

Comments:

We approve and support this request Yes No Divided vote(explain in comments)

Academic Area: _____

Date: _____

Comments:

Approved Not Approved Dean's Office: _____

Date: _____

Comments: _____