

Course Waiver Form For PhD students only

Full Name:		
UID:		
Field:		
Date of the request:		
Graduate course taken at previous institution and description of	Grade received	Graduate course equivalent at UCLA and description of course (Course description can be attached)
course		
Please include the following materials with this form:		
 Copies of your previous office higher in the equivalent gra 		ion transcripts. Students must have received a B+ or se.
		e instructor indicating substantial equivalence of the
Field Chair Signature:		Date:
Department Signature:		Date: