

**GSAPP APPLICATION FOR WAIVER OF REQUIRED DIDACTIC COURSE**

1. Please use separate sheet for each GSAPP course you are waiving
2. Upon completion, have signed by the Course Instructor
3. When signed by Course instructor, make copy & bring original to Julie Skorny, Room A343 (Clinical and School Students).
4. All waiver forms must be submitted and approved prior to the start of the semester of the course of which the student wants to have waived.
5. Attach copy of all waiver forms to your program proposal.

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

1. Requesting Waiver for the following required course (please list title of course as it is listed in the program proposal):
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1. Document below the Pre-GSAPP graduate level course which is the basis of your request for a waiver of the above-listed courses. (Undergraduate courses and/or experience from other GSAPP courses cannot be used as basis for waiver, that is, if enrolled in the Psy.D. program a student cannot use a course already taken in the Psy.D. program to waive out of another requirement). If the applicant is a former MAP student, the applicant may list GSAPP MAP courses in the area below. However, each course will be evaluated and compared to the Psy.D. coursework and it may be determined that the courses are not equivalent. GSAPP MAP courses do not automatically allow/guarantee course waivers in the Psy.D. programs.

2. Each course can be listed as the primary basis for a waiver for ONE GSAPP course ONLY).

- a. Institution \_\_\_\_\_
- b. Graduate Course Title and Number: \_\_\_\_\_
- c. Semester and Year Taken: \_\_\_\_\_  
Credits Earned \_\_\_\_\_ Grade \_\_\_\_\_
- d. Description of course from catalogue (type or attach): \_\_\_\_\_
- e. Attach the following:
  - i. Reading list of required and supplemental texts
  - ii. Course requirements—i.e. practicum, papers.
  - iii. Course outline

3. If additional courses are used to supplement this applicant for a waiver, describe them on the reverse side of this form and attach any relevant documentation.

4. If other educational experiences are utilized to supplement this application for a waiver, describe them on the reverse side of this form and attach any relevant documentation.

5. COURSE INSTRUCTOR APPROVAL (Instructor checks appropriate statements and signs)

- a. Yes \_\_\_ No \_\_\_ Has this student had training and/or experience reasonably equivalent to those provided by the above course requirement at GSAPP?
- b. Yes \_\_\_ No \_\_\_ With respect to competencies taught through the required GSAPP course, does this student already possess these competencies at a level equal to the minimal level of those who complete the course?

I approve \_\_\_\_\_ or disapprove \_\_\_\_\_ student's waiving this course.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature