

WESTFIELD STATE UNIVERSITY  
College of Graduate & Continuing Education

PENDING APPLICATION WAIVER FORM

ONLY STUDENTS WITH AN APPLICATION ON FILE ARE ELIGIBLE TO USE THIS FORM.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID or SSN

I, (please print) \_\_\_\_\_ request permission to take the following course(s) at Westfield State University while my application is in process for the C.A.G.S. or Master's degree [if Ed. indicate, Professional, Initial, or non-licensure] (circle one) in:

\_\_\_\_\_  
Concentration

Course(s) already taken at WSU which I would like to be applied to my program:

<u>Course Number</u>	<u>Title</u>	<u>Credits</u>	<u>Semester Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____

Course I would like to take this semester and apply towards my program:

<u>Course Number</u>	<u>Title</u>	<u>Credits</u>	<u>Semester Will Take</u>
_____	_____	_____	_____

Application is incomplete because (check all that apply):

- Just beginning the application process, date application submitted \_\_\_\_\_
- Application fee of \$50.00 has not been submitted
- Transcripts have not been received
- Letters of Recommendation have not been received
- GRE/MAT/GMAT scores have not been received

Instructions for Completing This Form: 1) Student meets with Program Coordinator to obtain signature of approval to take this course. 2) Student submits signed form, along with Master's Degree application and fee to the Continuing Education Office. DGCE will obtain signature of Dean and process application.

Attention Student: I understand that I may not take more than 6 credits at Westfield State University prior to acceptance into a degree program without approval. I also understand that I am not officially permitted to take this additional course(s) until all parties below have signed approval. My signature indicates my understanding.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact information: \_\_\_\_\_  
Cell Phone Home Phone email

Approved By: \_\_\_\_\_  
Signature of Program Coordinator Date Signature of Dean, CGCE or Designee Date