

COURSE WAIVER for CDS GRADUATE STUDENTS

For Course Approvals on Requirements and Electives outside of UB CDS.
Also use for CDS UB undergraduate courses equivalent to CDS grad courses

Email form and required syllabus to
jwchiric@buffalo.edu (CDS
Graduate Coordinator) Rev. 6/21

NAME _____ DATE _____

PERSON # _____ UB email _____

STATUS ___ M.A. ___ AuD ___ PhD ___ Other

Directions: Fill out form and provide a Complete Syllabus if required.

Final Decisions are emailed. A student copy is available upon request.

*****If your course is waived, 3 elective credits are required to be taken in place of each course waived. This also includes UB students who have taken the UG course equivalents.**

#1 is for UB Undergraduates who took UB CDS courses equivalent to a Required CDS graduate course.

#2 is for students who did NOT attend UB & wish to waive a CDS course because the same course was taken at another institution. One Course per Waiver.

1. For UB Undergraduates ONLY that took the CDS UG course/s below that are equivalent to the Graduate course indicated. You need to take electives in place of those courses you marked.

You may indicate more than one course in this section. No Syllabi needed.

Title: Aural Rehabilitation

Took CDS 484 /Required Course CDS529 Credits 3 Grade ___ Semester taken _____

Title: Speech Pathology in the Schools

Took CDS 485 /Required/Elective Course CDS580 Credits 3 Grade ___ Semester taken _____

Title: Diagnostics

Took CDS482 /Required/Elective Course CDS522 Credits 3 Grade ___ Semester taken _____

2. Waiver of Required/Elective CDS Course

Fill in the CDS course you'd like to substitute your institution's course with below. Attach a course syllabus.

CDS # _____ Credits _____ Title _____

Your Institution Course Number & Title: _____

Credits: _____ Semester: _____ Grade: _____ College/University where course was taken: _____

UB Instructor Decision Name _____ *****YES** _____ NO _____ Date _____

Remarks _____

DEPARTMENT ACTION:

Graduate Coordinator _____ Received Date _____ Student Notified Date _____