

# Communicative Disorders and Sciences Undergraduate COURSE WAIVER

**IMPORTANT:** It is the undergraduate student's responsibility to ensure that there is an official transcript showing successful completion of the course in the Admissions office. Please check your HUB. If the course is not showing up on the transfer credit tab, please request an official transcript be sent to UB so that we can process your course waiver. **ONE WAIVER FORM PER COURSE.**

**Submit all relevant information ([Catalog Description](#) and [Syllabus](#)), along with this Course Waiver by email to the CDS department at [WeiSun@Buffalo.edu](mailto:WeiSun@Buffalo.edu)**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PERSON # \_\_\_\_\_ UB email \_\_\_\_\_

Expected Speech & Hearing Science Conferral Date: \_\_\_\_\_

**I am petitioning for the waiver of the following CDS course:**

REQUIRED CDS Course # \_\_\_\_\_ TITLE \_\_\_\_\_

Credits \_\_\_\_\_

ELECTIVE CDS Course # \_\_\_\_\_ TITLE \_\_\_\_\_

Credits \_\_\_\_\_

**The SUBSTITUTED course or proposed course was/or will be taken :**

Substituted Course # \_\_\_\_\_ No. of Credits: \_\_\_\_\_ Grade: \_\_\_\_\_

Title of Course: \_\_\_\_\_

College or Univ.  
Where Taken: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

**Preapproval to satisfy ASHA Core Curriculum Requirements in any one of the following:**

<input type="checkbox"/>	<u>Technical Skill</u>	<input type="checkbox"/>	<u>Human Biology</u>	<input type="checkbox"/>	<u>Statistics</u>	<input type="checkbox"/>	<u>Human Behavior</u>
<input type="checkbox"/>	<u>Physical Science (Any CHE or PHY course.)</u>	<input type="checkbox"/>		<input type="checkbox"/>	<u>Linguistics</u>		

CDS Department Decision: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE: \_\_\_\_\_