1. LINGUISTICS WAIVER OF COURSE REQUIREMENT FORM

Name: ___________________________  Degree program ______________________

Academic Advisor: __________________________

BU Core Course Requirement to be waived _______________________

   Number/Name of the course taken elsewhere:

   University where course was taken; date taken:

Were transfer credits awarded for this course? __________

   If not, what BU course has been approved as a substitution? __________

Signature of BU faculty member who teaches the required course being waived:

   ___________________________   ___________________________   __________
   [printed name]   [signature]   [date]

BU Elective Course Requirement to be waived: _______________________

   Number/Name of the course for which transfer credits were awarded:

   University where course was taken; date taken:

Signature of DGS:

   ___________________________   __________
   [signature]   [date]