

# Petition to Waive a Required Graduate Course

## Department of Psychological & Brain Sciences

A course waiver does not mean you have earned credit for the waived course\*.



INDIANA UNIVERSITY

DEPARTMENT OF PSYCHOLOGICAL  
AND BRAIN SCIENCES

College of Arts and Sciences  
Bloomington

Complete one (1) form per course.

**INSTRUCTIONS:** (1) Complete the top portion of the form; (2) Meet with the faculty member who has the authority to grant the department's waiver (P553 = Is currently Dr. John Kruschke. All others must first be approved by Dr. Holtzworth-Munroe.) He or she must sign this form; (3) Obtain the signature of your faculty advisor; (4) Obtain the signature of Dr. Holtzworth-Munroe; (5) Return the completed form to the Academic Services Coordinator (ASC), Patricia Crouch.

Patricia will forward the form to the Dean's office in the University Graduate School for final approval. Final approval may take a few weeks and is not guaranteed.

Student: \_\_\_\_\_ ID: \_\_\_\_\_

Area: \_\_\_\_\_  Double Major: \_\_\_\_\_ Univ. Entry Year: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Advisory Committee Members (1<sup>st</sup> year students who have not yet formed this committee may leave this line blank): \_\_\_\_\_

*I am requesting a waiver of:*

PSY-P 553 Advanced Statistics in Psychology I. To be approved by the current instructor of P553.

Other: \_\_\_\_\_ To be approved by Dr. Amy Holtzworth-Munroe and appropriate faculty. Dr. Holtzworth-Munroe will identify the appropriate faculty.

**Department Approvals: Signatures required.**

### STEP 1

What is the course you are requesting be waived?

PSY-P 553 Advanced Statistics I

Other: \_\_\_\_\_

**STEP 2 (If required. Please see Dr. Holtzworth-Munroe for verification.)**

Signature of the Course Instructor: \_\_\_\_\_  
Printed Name Signature Date

OR  Email from the instructor has been received and filed by the Director of Graduate Studies (DGS) or the Academic Services Coordinator (ACS).

### STEPS 3 & 4

All requests require the signature of (or email from) the faculty advisor and the Director of Graduate Studies.

Faculty Advisor: \_\_\_\_\_  
Printed Name Signature Date

OR

Email from the advisor has been received and filed by the DGS or ACS.

Director of Graduate Studies: \_\_\_\_\_  
Amy Holtzworth-Munroe Signature Date

**Justification of the waiver (you may also use the back of this form):**

(In cases where the student completed similar coursework outside of PBS, a syllabus and/or other documentation may be required.)

\*To receive credit for graduate coursework completed outside of IU, a request must be submitted to the College of Arts and Sciences Graduate Program. The approval of the advisor and the DGS is required. Please see Patricia Crouch for more information.