

HARRY S TRUMAN SCHOOL OF PUBLIC AFFAIRS
UNIVERSITY OF MISSOURI
Public Affairs Course Substitution/Waiver Request Form

Submit one form for each course for which you are requesting a waiver or substitution. Submit the below form and syllabi to the Truman School Academic Programs Office, 101 Middlebush Hall.

1. Your Name: _____ 2. Student Number: _____

3. Public Affairs Course Number: _____

4. Course Title: _____

5. Waive or Substitute (course title): _____

6. Briefly describe the reason for your request. If a substitution is requested, explain why the proposed course is preferable.

7. List any prior relevant coursework.

Course Prefix and Number	Course Title	Credit Hours	Semester and Year	Grade

**Attach syllabi for all courses. If you cannot provide a syllabus, attach a detailed course description.*

8. Describe any prior relevant work or community experiences.

Signature: _____ Date: _____