

**MBS Course Waiver Form**

**Name:** \_\_\_\_\_

**RUID:** \_\_\_\_\_

**Course to be Waived:** \_\_\_\_\_

**Justification for Course Waiver:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*Please submit this form to Dr. Matthew Sills (SERC 228;  
[msills@docs.rutgers.edu](mailto:msills@docs.rutgers.edu)).**

**Please note that you will not receive credit for a  
waived course; i.e. you must take a course in lieu of  
taking the waived course.**

For Office Use Only:

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date