

WSE Master's Substitution/Waiver/Exception Request Form

Student:			
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Program:	_		
- H. J			
Policy/requirement in ques	tion:		
Request being made:			
Rationale for request:			
Requested by (name of			
Grad Program Director		Date:	
or Dept Chair):			
Outcome (completed			
hy Academic Affairs):		Date:	

NOTE: This request form should be emailed to Christine Kavanagh in the WSE Office of Academic Affairs (ckav@jhu.edu) as soon as the need for the substitution/exception/waiver is known.