CLEMSON
ELECTRICAL AND COMPUTER ENGINEERING

Deficiency Waiver Request Form

STUDENT NAME: _____ **CUID:** _____

PROGRAM: ____**ELEN** ____**CPEN**

DEGREE: ____**MS THESIS** ____**MS NON-THESIS** ____**PhD**

ADVISOR: _____

FOCUS AREA: _____

Deficiency Waiver requested for the following course(s):

_____

Justification for Waiver (select one option below):

____ **Fulfilled by Course at Undergraduate Institution:** To choose this option, documentation must be provided in the form of: unofficial undergraduate transcripts, syllabi of the Clemson version of the course, and syllabi of the course when taken at your undergraduate institution, with the topics highlighted on each syllabi.

____ **Course Not Required for Specific Focus Area:** The deficiency stated is not necessary background for the focus area. Focus area chair must provide explanation and approval, in addition to the approval of the ECE Graduate Program Coordinator below.

Explanation: _____

_____

____ Approved _____ _____
Focus Area Chair Signature Date

____ **Adequate Background Demonstrated through Graduate Course:** The student has successfully completed a graduate course that demonstrates adequate background knowledge in the course deficiency listed. Focus area chair must provide explanation and approval, in addition to the approval of the ECE Graduate Program Coordinator below.

Graduate Course Taken: _____ Grade Received: _____

____ Approved _____ _____
Focus Area Chair Signature Date

____ **Approved** _____ _____
ECE Graduate Program Coordinator Signature Date

RETURN THIS FORM TO THE GRADUATE STUDENT SERVICES COORD. IN 102C RIGGS HALL