

## **Modification of Program Requirements**

Students who have completed courses at another accredited institution or at the University of Redlands may be eligible for an approved course waiver. A maximum of 6 transferrable credits are accepted. Courses must have been completed within 6 years of program completion date for masters' students and six years before the time of matriculation for doctoral students, grade 3.0 or higher, and are subject to academic advisor or department chair approval.

| Name                 | Student name                                    |                              |   | Student ID#                         |                       |   |
|----------------------|---|------------------------------|---|-------------------------------------|-----------------------|---|
| $\Box_{\mathbf{CR}}$ |   |                              |   |                                     |                       |   |
| $\square_{MA}$       |   |                              |   |                                     |                       |   |
| $\square$ ED         | Doctorate in Leadership for Educational Justice |                              |   |                                     |                       |   |
|                      |   |                              |   |                                     |                       |   |
|                      | All rec   | Request for mo               | odification of program of the department Cl | requirement.<br>hair or Academic Ac | dvisor.               |   |
| Term<br>taken        | Institution                                     | Course                       | Title                                       | Credits                             | Waives UoR<br>course: | ☆ |
|                      |   |                              |   |                                     |                       |   |
|                      |   |                              |   |                                     |                       |   |
|                      |   |                              |   |                                     |                       |   |
|                      |   |                              |   |                                     |                       |   |
| Notes:               |   |                              |   |                                     |                       |   |
|                      |   |                              |   |                                     |                       |   |
| Tr subst             | itution will apply to AN                        | Y student, check the box. If | substitution ONLY applies to                | this student, leave blank.          |                       |   |
|                      |   |                              |   |                                     |                       |   |
|                      |   |                              | Department Chair or                         |                                     | Date                  |   |