

Michigan Technological University  
Computer Science Department

**Breadth Requirement Waiver Form**

I am requesting permission to apply the following courses from an affiliated university toward the graduate-level breadth requirement for the following degree in Computer Science (check one):

- PhD  
 Masters

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

M number: \_\_\_\_\_

Name of affiliated university:  
\_\_\_\_\_

Affiliated university course number	Course Title	Credits	Grade	Semester and year taken	Area

Required Signatures:

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Advisor Signature Date

\_\_\_\_\_  
Approving Faculty Signature Date

\_\_\_\_\_  
Graduate Program Director Signature Date