REQUEST OF WAIVER OF COURSEWORK

NAME OF STUDENT: __________________________________________________________

II. Request for waiver of 1 hour of credit for RADI 5090 based on a scientific presentation at an international, national or regional meeting.

Name and location of conference __________________________________________

Type of conference:

☐ International or national scientific meeting
☐ Regional scientific meeting
☐ Vendor-sponsored workshop or symposium
☐ Other (describe) _______________________________________________________

Date of presentation   _________________
Approximate number of attendees ____________________________________

Check type of presentation:

☐ Oral presentation
☐ Poster presentation with poster review session
☐ Poster presentation without poster review session
☐ Electronic poster presentation

Were continuing education credits available for the conference attendees?

☐ Yes
☐ No

Approval of RADI 5090 course director:
Printed name: __________________________  Signature: _________________________

Approval of current faculty advisor:
Printed name: __________________________  Signature: _________________________

**Please attached a copy of your abstract from meeting**