

COURSE WAIVER FORM

Please waive the following course for _____
(Student Name)

_____ in the _____ degree program.
(I.D. Number)

Course Number: _____ - _____ - _____

Course Title:

What area requirement does this course satisfy?

Number of Credits: _____ Semester: _____

Please state reason (s) below for waiving course and supply supporting documentation.

Student Signature Date

Professor Making Determination Date

Program Advisor Date

Associate Dean for Academic Affairs Date