Course Waiver Form

NAME ___________________________ ID # ________________
ENTRANCE YEAR ____________ GRAD DATE __________ BOX # ________________

Are you following the major requirements of your entrance year? YES NO
If no, what requirement year are you following? ____________

I have agreed to waive the following course requirement for the above-named student:

DEPT ___________________________ COURSE # ___________________________
TITLE ___________________________
Reason for Request: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

This substitution is for a required course in student's:

☐ general education requirement
☐ major in ___________________________
☐ minor in ___________________________

Please note: NO COLLEGE CREDITS ARE AWARDED FOR A COURSE WAIVER. Students must fulfill the total credit count requirement for their major, and all students must have a minimum of 128 credits for a degree.

Signature of Major Department Chair ___________________________
Date __________

Fred J. Lang, Director of Academic Records ___________________________
Date __________