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 ____________

Amanda McCreadie, Assistant Registrar ___________________________ Date _____