



# Request for Waiver

Please allow five (5) business days for processing, noting that high volume or unique situations may result in a longer processing time

## STUDENT INFORMATION (please print)

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Last/Maiden First Middle

Primary Phone: \_\_\_\_\_ Division:  Undergraduate Day  Undergraduate Evening  Graduate  Doctoral

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Concentration: \_\_\_\_\_

Advisor: \_\_\_\_\_ Expected Grad Date: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

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

## WAIVER REQUEST (detailed reasoning/explanation **MUST** be attached in order to process)

**Reasoning and/or Explanation for Waiver: MUST BE ATTACHED**

**Policy and/or Requirement to be Waived:** \_\_\_\_\_

**Action required if Waiver approved:** \_\_\_\_\_

## ADVISOR (required, must be obtained 1<sup>st</sup>)

Approved:  Yes  No Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEAN OF DECLARED MAJOR (required, must be obtained 2<sup>nd</sup>)

Approved:  Yes  No Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEAN OF COURSE DISCIPLINE (if applicable, obtained 3<sup>rd</sup>)

Approved:  Yes  No Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROVOST (if applicable, obtained last)

Approved:  Yes  No Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REGISTRAR (for processing)

Completed:  Yes  No Signature: \_\_\_\_\_ Date: \_\_\_\_\_