



COURSE WAIVER

Date _____

Student ID: _____

Student Name: _____

Student Major: _____ Minor: _____

The waiver policies are as follows:

1. In areas where the student is in or plans to apply for teacher certification, the waiver requires the signature of the Director of Teacher Education.
2. For a waiver in minor requirements, the waiver requires the signature of the minor department head.

The course _____ - may be waived for graduation.

Course Name and Number

Explanation for Course Waiver: _____

_____ Approved Disapproved _____

Advisor/Department Chair

Date

Comments _____

_____ Approved Disapproved _____

Dean of College

Date

Comments _____

_____ Approved Disapproved _____

VPASA

Date

Comments _____

_____ Approved Disapproved _____

Registrar

Date

Comments _____
