COURSE WAIVER

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: ____________________________________________

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Advisor/Department Chair

☐ Approved ☐ Disapproved Date

Comments

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Dean of College

☐ Approved ☐ Disapproved Date

Comments

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VPASA

☐ Approved ☐ Disapproved Date

Comments

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Registrar

☐ Approved ☐ Disapproved Date

Comments

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