

Request for waiver of graduate requirement

Student Information

Name:

Student ID:

Home College:

Department(s):

Degree Program:

Campus:

Waiver Request Information:

Attach transcript and any other supporting documentation.

What is the requirement whose waiver is requested?

What is the justification for this request?

If similar requests are likely to arise in the future, what steps are being taken by the college to reduce the need for such requests?

Approval Information

Name of Person Certifying College Recommendation (associate dean):

College Recommendation

Signature:

Approve

Reject

Date of College Recommendation:

Comments:

Name of Person Certifying Office of the Provost Decision:

Office of the Provost Decision

Signature:

Approve

Reject

Date of Office of the Provost Decision:

Comments: