

Departmental/Program Waiver Request Form

Date:	Department:	
Student Name:		Student ID#:
Degree Sought:	Major/Concentration:	
Explanation and Rationale for Waiver:		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Department Chair:	Date:
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Vice President for Academic Affairs:	Date:

cc: Department Chair
 Faculty Advisor
 Student