



Application for Course Waiver / Exemption

Student Name _____ Class _____ ID # _____

Advisor _____ Degree _____ Major(s) _____ Minor(s) _____

Request

Justification or Rationale

(Please provide the reasons which support this request.)

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Academic Appeals Board Finding

Approved

Denied

Academic Dean _____ Date _____

(Copies to advisor, student, and registrar.)