

# Degree Requirement Waiver Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Catalog: \_\_\_\_\_

Requirement to be waived \_\_\_\_\_

Reason for requesting the requirement be waived.

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Advisor's supporting statement: \_\_\_\_\_

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Additional supporting statement: \_\_\_\_\_

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

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## Registrar's Office Use Only

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Contact Signature (if required)

\_\_\_\_\_  
Date