

Date: _____

Student Name: _____ ID #: _____

Major/Concentration: _____ Minor: _____

Advisor: _____

1. Course being waived Course #: _____ Title: _____

OR

Requirement being waived: _____

Course used for substitution (if any) Course #: _____ Title: _____

Semester taken: _____

2. Course being waived Course #: _____ Title: _____

OR

Requirement being waived: _____

Course used for substitution (if any) Course #: _____ Title: _____

Semester taken: _____

Note: This form is not for changing university LAS requirements. This is only for department required courses (major or specified LAS courses). A waiver does not waive the credits associated with the requirement, nor does it remove the base LAS requirement. (e.g.: a waiver for MATH 1700, Applied Statistics, does not remove the university-wide requirement for a math course.)

Course Numbers and Titles must be entered in order for this form to be processed.

Student Signature: _____

Advisor Signature: _____

Department Chair Signature: _____