

# Physical Science and Engineering Division

## Request for Waiver for 100-level Courses



Student Name \_\_\_\_\_  
First Middle Last

Student ID Number 

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 Program \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/year)

### 100 Level Courses Requested to be waived

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### Explain the circumstances that justify the waiver

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*Please note that the academic progress will be closely monitored and if necessary the 100-level requirements will be reinstated.*

### Approval

Academic Advisor:	Signature: _____	Date: _____	Approved	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dean ( or designee): _____	Signature: _____	Date: _____	Approved	YES <input type="checkbox"/>	NO <input type="checkbox"/>