Physical Science and Engineering Division

Request for Waiver for 100-level Courses

Student Name ______________________________________________________________________________
First     Middle     Last

Student ID Number      Program _________________ Degree: _________________ Date: _____________(mm/dd/year)

Academic Advisor: ____________________________ Signature: ____________________________ Date: ____________ Approved

Dean (or designee): ____________________________ Signature: ____________________________ Date: ____________ Approved

100 Level Courses Requested to be waived

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Explain the circumstances that justify the waiver

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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

Dean (or designee): ____________________________ Signature: ____________________________ Date: ____________ Approved

YES ☐ NO ☐