

APPEAL FOR WAIVER OF GRADUATION REQUIREMENT

Instructions: Complete upper portion of form; type or print and use additional page(s) as needed. Obtain advisor's, department chairperson's, and college dean's recommendations. You will be notified of the final decision in writing.

Name _____ Student Number _____
Last First Middle

Address: _____
Street Address City State Zip

Daytime Phone: _____ E-mail Address: _____

Major/Program _____

State graduation requirement: _____

State exact waiver request: _____

Provide reason for waiver (attach documentation if appropriate):

Faculty Advisor's Recommendation: _____
 Approve Deny Signature Date

Department Chairperson's Recommendation: _____
 Approve Deny Signature Date

College Dean's Recommendation: _____
 Approve Deny Signature Date

FORWARD WITH APPROPRIATE SIGNATURES TO THE OFFICE OF THE REGISTRAR, BUILDING 18.

FINAL DECISION by the Appeals Committee: _____
 Approve Deny Signature Date