



OFFICE OF THE REGISTRAR

**DEPARTMENTAL REQUIREMENT WAIVER**

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

I recommend that the above student be excused from the following departmental requirement:

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The reason for this waiver is:

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\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Director Signature

\_\_\_\_\_  
Date

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Remarks:

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Registrar \_\_\_\_\_

Date \_\_\_\_\_

Copy to: