

ACAD-HISTORY-T

Student ID # R _____

COURSE WAIVER FORM

Student's Name: _____
Last First Middle Initial

Student ID: R _____

Course to be waived: _____

Basis for recommendation: _____

Mentor's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

FINAL ACTION: Approved Not Approved

Dean

Date

The student should secure approvals of Mentor, Program Director and Dean before sending to:

**Office of the Registrar and Academic Services
O'Hara Hall - 2nd floor**