REQUEST FOR ACADEMIC POLICY WAIVER

Name: _____Soc. Sec.#_____

Address: _____

Classification: _____ Major_____ Advisor _____

Expected Graduation Date: Semester _____ Year _____

State clearly what you are requesting: _____
_____
_____
_____
_____

State clearly reasons for your request: _____
_____
_____
_____
_____
_____

Advisor's or Program Director's Comments: _____
_____
_____
_____
_____

_____ _____
Signature of Student Date Signature of Adv or Dir Date

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Academic Dean's Office use only:

Action Taken: _____ Approved _____ Not Approved

_____
Signature of the Academic Vice President and Dean of the College Date

Additional comments or stipulations made by the Dean:
_____
_____

Copy To: Advisor Student