



Office of the Registrar  
Request for Waiver of Degree Requirement

CWID: \_\_\_\_\_  
Last Name First Name MI

Catalog of Record: \_\_\_\_\_

Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
Term/Year

**This request must be approved by the Department Head and the appropriate Dean before being submitted to the Office of the Registrar.**

Required Course \_\_\_\_\_  
Subject Number Hours

Waiver \_\_\_\_\_  
Subject Number Hours

Required Course \_\_\_\_\_  
Subject Number Hours

Waiver \_\_\_\_\_  
Subject Number Hours

**Justification:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of School Signature

\_\_\_\_\_  
Date

**Office Use Only**

Recorded to Banner: \_\_\_\_\_  
Initials

\_\_\_\_\_  
Date