



Undergraduate Program
Request for Waiver of Catalog Requirement

Part 1—To be Completed by Student

Student Name _____ Student/Access ID Number: _____

Current Address: _____

I request the following requirements be waived: _____

Reason for request: _____

Student Signature _____ Date _____

Part 2—To be completed by Undergraduate Student Services

Advisor Comments: _____

Academic Advisor: _____ Date _____

Request Approved: YES NO Reason: _____

Linda S. Zaddach, Assistant Dean: _____ Date _____