Student Name: _________________________________  ID#: __________________

Number of Earned Credits to Date: ______  Major/Minor: ____________________________

__________________________________________

The above student has permission to have the following course waived:

Course number being waived: __________________

Course Title: ___________________________________________________________________

Reason for waiver: ___________________________________________________________________

________________________________________________________________________________

Advisor Signature: ___________________________  Date: ______________

I understand that this waiver does not eliminate or reduce the required number of credits
needed for the completion of a degree, minor, or certificate.

Student Signature: ___________________________  Date: ______________

Approved by Division Chair for waived course:

Division Chair Signature: ___________________________  Date: ______________

Core Chair Signature: ___________________________  Date: ______________

(if core course is being waived)

__________________________________________

Registrar Use Only
CARS Audit Input ___
Changes Saved ______
Completed date ______