



Office of the Registrar
Course Waiver for Advising Audit

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 _____