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 __________