

REQUEST TO WAIVE A UNIVERSITY REQUIREMENT

FORM 10

The top portion of this form is to be completed by the student, and then taken to the appropriate individuals for recommendations, comments, and signatures. If any or all individuals recommend disapproval, this request will continue to the Dean of the Graduate College for final determination.

All Information Must Be Typed

Student's Name: _____ Z Number: _____
First MI Last

Student (Signature) Date

Attach a letter outlining the details of your request. The letter must include the requirement you wish to have waived, the precise action to be taken, and the justification or reason for the request. In explaining the request, you may choose to describe the circumstances that led to this situation, explain why a requirement waiver is the best remedy, and state specific ways an approval would solve the problem.

I recommend the following action:

Approval Disapproval

Comments (Attach a letter if necessary):

Student's Advisor or Program Coordinator (Signature) Date Student's Advisor or Program Coordinator Email

I recommend the following action:

Approval Disapproval

Comments (Attach a letter if necessary):

Department Chair or Designee (Signature) Date

I recommend the following action:

Approval Disapproval

Comments (Attach a letter if necessary):

College Dean or Designee (Signature) Date

I recommend the following action:

Approval Disapproval

Comments (Attach a letter if necessary):

Dean of the Graduate College (Signature) Date