



College of Health Science



WAIVER REQUEST

(Please print, use ballpoint pen, press firmly)

Name _____
Last First Middle

Date _____

MUID _____

Major _____

Address _____

Minor _____

Apt.#

Advisor _____

Credits Completed _____

City State Zip

QPA _____

Now currently enrolled for ____ credits

Phone # _____

Cell Phone # _____

E-Mail Address _____

Type of Waiver Requested: _____

Reasons for request:

(attach additional pages if necessary)

Supporting Material
Submitted with the Request:

For Office Use Only

Waiver Approved Waiver Denied

Dean's Office Signature

Date

Copies to: Student File - white
Student - canary

Notes:

revised 10/05