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:

Attach a letter outlining the details of your request. The letter must include 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.

Comments (Attach a letter if necessary):

I recommend the following action:

☐ Approval ☐ Disapproval

Student's Advisor or Program Coordinator (Signature) Date

I recommend the

☐ ☐

☐ ☐

☐ ☐