



COURSE EXEMPTION FORM

This form is to be completed by the faculty member and returned to the registrar.

Student's Name: _____ Date: _____

The following required course(s) has (have) been waved:

- | <u>Course #</u> | <u>Course Title</u> |
|--------------------------|---|
| (1) _____ | _____ |
| <input type="checkbox"/> | The course is waived. The STUDENT will replace it with an elective, and in the same area if judged appropriate. |
| <input type="checkbox"/> | The course is waived. The STUDENT will receive full credit to be applied towards requirements for graduation. |
| (2) _____ | _____ |
| <input type="checkbox"/> | The course is waived. The STUDENT will replace it with an elective, and in the same area if judge appropriate. |
| <input type="checkbox"/> | The course is waived. The STUDENT will receive full credit to be applied towards requirements for graduation. |

Reason for exemption:

Name of Faculty Member: _____

Faculty's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Cc: Dean
Faculty Member
Registrar

Academic Advisor
Student