

SAINT MARTIN'S UNIVERSITY
Lacey, Washington

WAIVER FORM

Date: _____

Student ID: _____

STUDENT NAME: _____ Day Phone: _____

Student Classification: Fr: ____ So: ____ Jr: ____ Sr: ____ Tch Cert: ____ Grad: ____

Course Requirement Category: Gen Ed.Req: ____ Major/Dept Req: ____ Other: _____

Request:

I request a waiver of the following requirements and understand that the waiver does not involve any college credit.

Rationale:

Please attach a rationale for your request. You should also attach any additional information which may support your request (i.e., a detailed description of knowledge/skills that have been obtained through other courses or life experience, catalog description(s), course outline(s), test(s), term paper(s), letter of explanation from course instructor(s), letter of support from employer(s), etc.).

Signatures (must be obtained in order):

1. Student Advisor:

_____ Date: _____ Approved: ____ Denied: ____ *

2. Dean of Division of course to be waived:

_____ Date: _____ Approved: ____ Denied: ____ *

3. Dean of Division of student's major:

_____ Date: _____ Approved: ____ Denied: ____ *

4. Vice President for Academic Affairs:

_____ Date: _____ Approved: ____ Denied: ____ *

Reason for Denial: (Please use reverse):

Received in Records Office: _____

Date: _____