



Complete Sections A and B *before* submitting to:  
**Curriculum, Assessment, and Academic Support**  
 809 Maytum Hall

## Upper Level Requirement Waiver

All undergraduate students must have at least 45 credit hours at the upper level in order to graduate. This waiver is to be used if you have difficulty fulfilling this requirement and is to be completed no more than one (1) year prior to anticipated graduation date.

**Section A – Student Information and Nature of Request** (Please print)

Student: \_\_\_\_\_ Fredonia ID#: \_\_\_\_\_

Major: \_\_\_\_\_ 2<sup>nd</sup> Major (if applicable): \_\_\_\_\_

Fredonia email: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Anticipated # of Upper Level Credits Achieved  
by Graduation Date: \_\_\_\_\_

*What background information and/or extenuating circumstances do you have to support your request to waive the upper level requirement? Attach all relevant documentation to the completed form (use back if more space is needed):* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name of Person Submitting Form \_\_\_\_\_ Signature of Person Submitting Form \_\_\_\_\_ Date \_\_\_\_\_

**Section B – to be completed by Academic Advisor AND Department Chair of Student’s Major**

I have reviewed and discussed this request with the student. In addition, I offer the following comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name of Advisor \_\_\_\_\_ Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Department Chair \_\_\_\_\_ Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_

**Section C – Office Use Only**

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved Referral \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral Signature \_\_\_\_\_ Date \_\_\_\_\_ Associate Provost CAAS \_\_\_\_\_ Date \_\_\_\_\_