Application for Waiver of Undergraduate University-Level Requirement

University-level policies or graduation requirements that can be addressed by this form include: 45 credits at the upper-level; the application of no more than four credits of PHED activity coursework towards graduation; the application of no more than 24 internship credits towards graduation; the requirement that a student complete 66 credits outside the major discipline; the application of no more than 60 lower-level transfer credits towards graduation (beginning Fall 2020).

PLEASE NOTE:
- Waivers for major- or minor-specific requirements are handled by the chair or coordinator of each program.
- There is a separate form to request a waiver of general education requirements and foreign language requirements.
- Students in teacher certification programs have additional graduation requirements. There is another waiver form related to those requirements that must be signed by the Chief Certification Officer/Dean of the College of Education.
- It is not possible to waive the requirement that a student complete a minimum of 120 credits or have a minimum 2.0 GPA to graduate.

Part I: University-Level Requirement to be Waived

Student Name (print): __________________________   F#: ___________________

What requirement are you applying to waive?

_____ 45 credits at the upper-level

_____ No more than four (4) credits of PHED activity towards graduation

_____ No more than 24 internship credits towards graduation

_____ Students must complete 66 credits outside the major discipline

_____ Students may apply no more than 60 lower-level transfer credits towards graduation (beginning Fall 2021)

_____ Other: ________________________________

5/1/2019
Part II: Rationale

Explain why a waiver would be appropriate in this case. Strong evidence is needed to grant waivers. What background information and/or extenuating circumstances do you have to support your request? Please describe in detail below. Attach all relevant documentation to the completed form.
Part III: Signatures

Student: _________________________  _________________________  _____________
              (Printed Name)                                 (Signature)                             (Date)
Advisor: _________________________  _________________________  _____________
              (Printed Name)                                 (Signature)                             (Date)

_______________________________________________________________

Associate Provost: _________________________  _____________
              (Signature)                             (Date)

(Optional) Referred for consultation to: _________________________  _____________
              (Name)                                 (Date)

5/1/2019