

# Degree Audit Program Waiver Approval Form

Student: \_\_\_\_\_ ID# \_\_\_\_\_ Program Plan Year: \_\_\_\_\_  
Major: \_\_\_\_\_ Concentration: \_\_\_\_\_  
Anticipated Graduation Date: \_\_\_\_\_ Advisor: \_\_\_\_\_

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### Waiver recommendation/s:

**Course waived:** \_\_\_\_\_  
(specify course number & title)

**For:** \_\_\_\_\_  
(specify program area/category/requirement)

**Rationale:**

**Credits Waived:** \_\_\_\_\_  
(specify number of credits waived and for which requirement)

**Rationale:**

**Waive area:** \_\_\_\_\_  
(specify area waived, e.g., allowing two areas rather than three in the Humanities)

**Rationale:**

**Waive GPA/grade:** \_\_\_\_\_  
(specify GPA to be allowed for graduation or program category. Indicate course number and title with earned grade to be accepted for graduation)

**Rationale:**

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\_\_\_\_\_  
Program Director \_\_\_\_\_ Date

\_\_\_\_\_  
Dean of College/School (if required) \_\_\_\_\_ Date

\_\_\_\_\_  
Assistant V. Chancellor (required for GE changes) \_\_\_\_\_ Date

<i>Encoder's use only:</i>
_____
<i>Date received</i>
_____
<i>Date processed</i>
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<i>Encoder's signature</i>

**Distribution:** Registration & Records (original), Advisor, Program Director, Dean