

Date: _____

To: **Degree Checking**

From: _____
Student's name

Major: _____

Student ID# _____

Re: Waiver of _____
Course No. & Description

Justification (required): _____

Student's Signature

date: _____

Advisor's Approval

date: _____

Tim Thomas
Chairperson, Engineering Technology

date: _____

Dr. Bruce Dallman, (required on Gen. Ed. Classes only)
Dean, College of Technology

date: _____