

Date: \_\_\_\_\_

To: **Degree Checking**

From: \_\_\_\_\_

Student's name

Major: \_\_\_\_\_

Student ID# \_\_\_\_\_

Re: Waiver of \_\_\_\_\_

Course No. & Description

Reason requesting waiver:

\_\_\_\_\_ date: \_\_\_\_\_  
Student's Signature

\_\_\_\_\_ date: \_\_\_\_\_  
Advisor's Approval

\_\_\_\_\_ date: \_\_\_\_\_  
James Otter Chairperson, CMCET