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, Engineering Technology