

Valdosta State University Office of the Registrar (229) 333-5727 http://www.valdosta.edu/academics/registrar

WAIVER REQUEST FORM

Version: 3/1/19

Section A: Student Biographical Information

occion A. Otac	dent blograpino					
Last Name				First Name	Middle Initial	Date
	l		ĺ	Histing	I I	Date
VSU ID Number	VSU ID Number Department			Major	Advisor	
<u></u>		_				
Is the student enrolled? $\ \square$ Yes		☐ No	Graduation Term Applied For:			
Graduating Senior?		□ No	Date Application Completed:			
Orac	dating Comon.	□ 163	□ 1 10	Date Application Completed.		
Section B: Wai	ver Information					
What requirement is a waiver requested for? (Provide an explanation; be specific)						
Provide an explanation of the unique circumstances which merits approval of this request:						
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Student (Print)			Stud	dent (Sign)	<u>.</u>	Date
Section C: Approvals (Please route in order below)						
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Academic Advisor (F	Print)		Acade	emic Advisor (Signature)	l	Date
Department Head (Print)		Depart	tment Head (Signature)		Date	
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				75.		
Dean/Director (Print)		Dean/	Director (Signature)	ĺ	Date	
Registrar (Print)		Regist	rar (Signature)	'	Date	
			İ		I	
*[CORE Courses] VPAA (Print)		VPAA	(Signature)	1	Date	
*[Graduate Courses] Graduate School (Print)		Gradu	ate School (Signature)		Date	
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