

Graduate Degree Requirement Waiver

STUDENT ID: _____ NAME (PRINT): _____, _____
LAST FIRST MI

Phone number: _____ TWU E-mail: _____

Degree: _____ Major: _____ Track / Emphasis: _____

_____ Doctoral _____ Masters _____ Certificate

Part A

Waive course: _____	Pre-requisite to other courses?	Y /	N (If yes, complete part B)
Reason for Waiver: _____			
Waive course: _____	Pre-requisite to other courses?	Y /	N (If yes, complete part B)
Reason for Waiver: _____			
Waive course: _____	Pre-requisite to other courses?	Y /	N (If yes, complete part B)
Reason for Waiver: _____			
Waive course: _____	Pre-requisite to other courses?	Y /	N (If yes, complete part B)
Reason for Waiver: _____			
Waive course: _____	Pre-requisite to other courses?	Y /	N (If yes, complete part B)
Reason for Waiver: _____			

Department: _____ Date: _____

Academic Advisor or Department Chair: _____

In lieu of signature, please save as PDF and e-mail from your TWU e-mail account to act as your authorizing signature.

