Request to Waive a Foundational Course Requirement

Name: _______________
GID: _______________

Foundational course:
  Course subject: ______  Course number: ______

To be waived with:
  Course subject: ______  Course number: ______

Student signature: _______________  Date: ______
Instructor signature: _______________  Date: ______
Advisor signature: _______________  Date: ______
Program coordinator, or school director signature:
  _______________  Date: ______