

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	i not ramo	I windare minuar	Date
VSU ID Number Department			Major	Advisor		
<u>_</u>		_	1			
Is the student enrolled? $\ \square$ Yes		☐ No	Graduation Term Applied For:			
Graduating Senior?		□ No	Date Application Completed:			
Orac	dading Comor.	□ 163		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)	•	Date
Section C: Approvals (Please route in order below)						
Section 6. App	iovais (i lease i	oute in ord	 	,	1	
Academic Advisor (F	Print)		Acade	emic Advisor <i>(Signature)</i>	ı	Date
Department Head (Print)		Depart	ment Head (Signature)		Date	
	,		'	,		
Dean/Director (Print)		Dean/	Director (Signature)	1	Date	
Registrar (Print)		Regist	rar (Signature)	<u> </u>	Date	
			ī		I	
*[CORE Courses] VPAA (Print)		VPAA	(Signature)		Date	
*[Graduate Courses] Graduate School (Print)		Gradu	ate School (Signature)		Date	
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