

## SOUTHWESTERN ADVENTIST UNIVERSITY REQUEST FOR WAIVER OF AN ACADEMIC REQUIREMENT

Student Information

Name: \_\_\_\_\_

ID # \_\_\_\_\_

Major: \_\_\_\_\_

Class Standing: FR SO JR SR

Contact e-mail \_\_\_\_\_

Course and requirement which will be waived.

Prefix/No.	Title	CrHrs
_____	_____	_____

Requirement ( Please complete)

\_\_\_ prerequisite for course  
Prefix/No. and Title \_\_\_\_\_

\_\_\_ general education requirement

\_\_\_ requirement for major

\_\_\_ requirement for minor

\_\_\_ other \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of the Chair of the Department providing the waiver

I understand that the waiver of this requirement does not result in the recording of credit on my permanent academic record or transcript. Waiver of

\_\_\_\_\_ Date \_\_\_\_\_

Signature of the Student

\_\_\_\_\_ Date \_\_\_\_\_

Signature of the Academic Advisor

Turn this form to the Office of Admissions and Records.

For Office Use Only