



SOUTHWESTERN ADVENTIST UNIVERSITY

Knowledge. Faith. Service.

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	Credit Hours
_____	_____	_____

Requirement (Please complete)

____ prerequisite for course

Prefix/No. and Title _____

____ general education requirement

____ requirement for major

____ requirement for minor

____ other _____

Signature of the Chair of the Department providing the waiver

Date _____

I understand that the waiver of this requirement does not result in the recording of credit on my permanent academic record or transcript and I will still need the number of hours stated in the Bulletin to graduate.

Signature of the Student

Date _____

Signature of the Academic Advisor

Date _____

Attach relevant documentation and submit this form to the Office of the Registrar.

For Office Use Only