



GRADUATE PROGRAM COURSE WAIVER REQUEST FORM

Name NMU IN
(Last, First, Middle Initial)

Program Concentration(s)

In accordance with university policy, the department recommends the following required course be waived:

Course ID	Course Title	Credit Hours
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Please provide a detailed explanation for this waiver recommendation:

REQUIRED SIGNATURES:

Adviser Name	Adviser Signature	Date
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Department Head Name	Department Head Signature	Date
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Dr. Lisa Eckert Dean of Graduate Studies	Dean of Graduate Studies Signature	Date
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NOTE: Waivers do not apply to the number of semester hours of credit that is required for completion of any portion of the degree program unless specified in the Graduate Bulletin.

FOR GRADUATE OFFICE USE ONLY:

This course waiver change was completed by on
Office Member Name Date