

## Graduate Program Course Waiver Form

NAME: \_\_\_\_\_  
Last
First
Middle Initial

NMU IN: \_\_\_\_\_

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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In the student's degree. [check below]

	Program
	Concentration (s)
	Other Required Courses/Electives

The waiver is recommended because: [Please provide detailed explanation.]

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\_\_\_\_\_  
**Adviser Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Head Signature**

\_\_\_\_\_  
**Date**

**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:**

\_\_\_\_\_ Date course waiver change made in Banner by \_\_\_\_\_