

Special Approval / Restriction Waiver

Personal Information

M Number: _____

Name (please print): _____
Last First

Course Information

CRN #: _____ Semester / Year: _____

Course Name: _____

Type of Waiver

- Major (Dept) # Credits Research _____
- Level (Dept)
- Special Approval
- Prerequisite (Inst)
- Corequisite (Inst)
- Class Restriction to be Waived (Inst)

Course Dept.: _____ Date: _____

Course Instructor: _____ Date: _____

Print Name: _____