



Section A: Student Biographical Information

Last Name	First Name	Middle Initial	Date
VSU ID Number	Department	Major	Advisor
Is the student enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Graduation Term Applied For:	
Graduating Senior? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Application Completed:	

Section B: Waiver Information

What requirement is a waiver requested for? (*Provide an explanation; be specific*)

Provide an explanation of the unique circumstances which merits approval of this request:

Student (Print)	Student (Sign)	Date
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Section C: Approvals (*Please route in order below*)

Academic Advisor (Print)	Academic Advisor (Signature)	Date
Department Head (Print)	Department Head (Signature)	Date
Dean/Director (Print)	Dean/Director (Signature)	Date
Registrar (Print)	Registrar (Signature)	Date
*[CORE Courses] VPAA (Print)	*[CORE Courses] VPAA (Signature)	Date
*[Graduate Courses] Graduate School (Print)	*[Graduate Courses] Graduate School (Signature)	Date