

REQUEST FOR WAIVER OF PROGRAM REQUIREMENT



Revised: 04/02

Department of Educational Administration and Policy Studies
School of Education

TO: Chair, Curriculum Standing Committee, Department of Educational Administration and Policy Studies
FROM: _____ (Student Name)

Please fill out the following general information about the student

Student ID Number		Degree Program	MS	CAS	Ph.D.
Address					
City		State		Zip	
Phone (Home)	()	Phone (Work)	()		
Email					

Requirement to be waived: _____

I believe that this requirement should be waived because:

Signature, Student Date

Signature, Advisor Date

Action Taken:

___ NOT GRANTED
___ GRANTED with the following stipulations (if any):

Signature, Chair of Curriculum Standing Committee Date

CC: Registrar
Department
Advisor
Student
Director of Leadership Research and Development