Major or Concentration Requirement Waiver Request Form

Name: ______________________________________________________________________
  Last                                                  First                                                 Middle
GUID#__________________________                                        Program:____________________________
Phone:___________________________                                       Email:______________________________

Requirements for Waiver Review
1. Professional Studies students cannot be waived from any degree-specific requirements (such as the Ethics course; the Capstone course; the credit number requirement; and the minimum cumulative GPA requirement of 3.00 or better).
2. With the recommendation of the student’s Associate Dean, a student can be waived from a course that is required exclusively within that major or concentration. For example, a Journalism student with an exceptional writing portfolio might be waived from the “MPJO-501, Fundamentals of Reporting and News Writing” course, or a Real Estate student could possibly be waived from the “MPRE-621, Foundations of Real Estate Finance” course with documentation of a subject matter expertise on finance.
3. The student must supply all documentation (see below) with the waiver request to the program’s Associate Dean during the student’s first semester of study. Waivers are not automatic or guaranteed.
4. Students do not receive academic credit or grades for a waiver. If approved for a waiver, the student must complete another course or courses to reach the program’s credit number requirement.
5. The waiver request form must be filed with the SCS Academic Affairs Office to ensure the student’s continued eligibility for graduation.
6. Some programs do not permit any courses to be waived.

   Course(s) to be Waived:

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<th>Course Number</th>
<th>Course Title</th>
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   Documentation for Waiver (such as writing samples; professional portfolio; completion of other non-GU academic coursework or certifications):

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Associate Dean’s Name & Signature
Date

Associate Dean of Academic Affairs’ Name & Signature
Date

For internal use only - Date Received: _____________, Date Processed: _____________