**Curriculum Waiver Definition**

Any waiver/exception made for any program or University requirement as listed in the appropriate academic catalog (e.g. waiving a required course or allowing a different number of credit hours).  Each waiver is student-specific and defined with that student in mind. All waiver requests must include a rationale. All waivers must ensure the integrity of the academic program and degree.  Waivers must be approved *only* by the advisor, department chair and College Dean of the related academic unit. If the waiver request is for a program leading to education certification, the approval of the Certification Officer is also REQUIRED. All waivers require final approval by the Provost.

**All Curriculum Waiver Requests must receive final approval from the Provost/Vice President for Academic Affairs; the Provost’s Office will ensure proper notification of College Deans, the Registrar’s Office, and Faculty advisors as needed.**

**The Registrar’s Office will process all approved Curriculum Waivers.**

Advisor (or Person Initiating Request): Click here to enter text.

Athens State Email for Person Initiating Request: Click here to enter text.

Student Name (last, first, MI): Click here to enter text. Student ID: Click here to enter text.

Athens State Student Email: Click here to enter text.

Student Major: Click here to enter text. Student Minor (if applicable): Click here to enter text.

Student Catalog of Record: Click here to enter text.

|  |  |
| --- | --- |
| **WAIVER REQUEST (be specific):** | Click here to enter text. |
|  |
| **Justification for waiver:** |
| Click here to enter text. |

|  |
| --- |
| **APPROVALS** **NOTE: If this waiver involves a program leading to certification through the College of Education, the COE Certification Office must give approval.** |
| **Advisor** |  | **Date** | Click here to enter a date. |
| **Dept. Chair** |  | **Date** | Click here to enter a date. |
| **College Dean** |  | **Date** | Click here to enter a date. |
| **COE Certification Representative*****(when applicable)*** |  | **Date** | Click here to enter a date. |
| **Provost** |  | **Date** | Click here to enter a date. |
|  |

**This form will be forwarded to the Registrar’s Office by the Office of the Provost/Vice President for Academic Affairs after receiving final approval. Approved waivers will be processed by the Registrar’s Office and will become part of the student’s permanent academic record. Copies will be sent to all signatories.**

**Please Note: This form and the approval will become part of the student’s permanent academic record.**

**FOR REGISTRAR’S USE ONLY - Date processed:** Click here to enter a date.