

VERMONT TECH

Office of the Registrar

REQUEST FOR WAIVER OF CAMPUS DEGREE REQUIREMENTS

This waiver, if granted, only applies to the current major and will not apply toward a second degree.

Student Name: _____

Student ID#: _____

Major: _____

Anticipated Graduation Date: _____

For Department Chair/Program Director Use Only:

Required Course: _____

Justification for Request: _____

Course Department Chair/Program Director Signature: _____ Date: _____

Program Department Chair/Program Director Signature: _____ Date: _____

For Academic Dean Use Only:

Decision of Academic Dean

Approve

Deny

Academic Dean Signature: _____ Date: _____

Completed forms should be submitted to the Registrar's Office with a copy of the student's degree evaluation.

FOR REGISTRAR'S OFFICE USE ONLY

PGEC Updated: _____

Date Processed: _____

Initials: _____