

MASSACHUSETTS COLLEGE OF LIBERAL ARTS

WAIVER REQUEST: _____

To be completed by Student and Advisor

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Student ID

Name Last First M.I.

Local Address Local Phone

Major Class

Nature of waiver request:

Justification of waiver request:

Advisor Date

Department Chairperson (student's major or Advising Services UND major) Date Approved Disapproved

Department Chair of waiver request or Core Curriculum Coordinator Date Approved Disapproved

Dean of Academic Affairs Date Approved Disapproved