

MAT Course Waiver Petition

Complete this petition at the time the waiver is discussed with your instructor. Failure to do so may result in not being able to waive the course. Obtain your advisor, Graduate Advisor, and the department chair's signatures. Return this petition to the Graduate Program Assistant to be placed in your file. Failure to file this petition will result in the request action not being processed.

Name: _____ Perm Number # _____

Address: _____

Daytime phone #: _____ E-mail Address: _____

Degree Program: _____ Major/Department: _____

ACTION REQUESTED FOR: Quarter _____ Year _____

Waiver of MAT Core Course

COURSE INFORMATION: Subject/Course Number _____

REASON FOR REQUEST:

Student Signature Date

APPROVALS REQUIRED:

Students Advisor Date Graduate Advisor Date

Department Chair Date