

## 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:

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\_\_\_\_\_  
Student Signature Date

**APPROVALS REQUIRED:**

\_\_\_\_\_  
Students Advisor Date Course Instructor Date

\_\_\_\_\_  
Department Chair Date Graduate Advisor Date