

## WAIVER REQUEST OF PROGRAM REQUIREMENTS

By submitting this form, you are asking the college to waive a specific program requirement for a degree or certificate. You will be waiving a requirement, *not* the credit. Submit each request with justification (page 2) to Enrollment Services or email this completed form to eval@skagit.edu.

This process takes approximately 4-6 weeks.

Once a decision is made, you will receive an email regarding your wavier.

Today's Date	oday's Date: Student ID Number:		
Student Nam	le:	First	 Middle
	2461	1 1131	Middle
SVC Email:			@mysvc.skagit.edu
Degree or Ce	rtificate Waiver applies to:		
I am request	ing this waiver for:		
☐ One course	requirement (example MATH& 141)		
☐ One Integrative Learning Experience		☐ Two Integrative Learning Experiences	
☐ Cultural Diversity		☐ Other:	
710	ademic Advisement Report or	What ii Noport	o cval@okagit.caa
FOR INTERN	NAL USE ONLY		
Department/Division or IL coordinator Signature:			Date:
☐ Approved	☐ Denied ( <b>must</b> attach a statement w	hy the request was	approved or denied)
Dean Signatur	re:		Date:
☐ Approved	□ Denied		
Dean of Enroll	ment Services Signature:		Date:
☐ Reviewed			

5/23

Student justification for waiver:

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