Waiver of a Graduation Requirement (WGR)

I have examined the educational credentials and academic plans of the student named below and recommend that the following required course or requirement be waived as a condition for graduation.

No credit is to be transferred or granted.

Student Information:						
Student LAST Nar	ne:				[PRINT CLEARLY]	Student ID Number ▼
Student FIRST Nar	me:				[PRINT CLEARLY]	
Student Ma	jor: ☐ BSE ☐	CE 🗆 ChE 🗆 EE	E □ ME	Grade Level:	□ 1st □ 2	nd □ 3rd □ 4th □ Grad
Residential Addre	ess:					
Contact Informati	on: Email:				Pho	ne:
Are you International Stude	1 1 1 1 1 1 1	* □ No	□ No *If yes, please have DSO sign: Date:			
Required Course Information:						
Course Code ▼	Course Title ▼			Number of Credits ▼		
Reason(s) for Waiver:						
STOP HERE: Please save file as is and email document to Betsy Quitugua in the Dean's Office. Betsy will take care of signatures						
Required Signature:						
Get 'one' of the following signatures: your Academic Advisor						
☐ Engineering D						Date:
Dean Signature:		: (Sign)				Date:

Office Copy: Registrar, Dean.