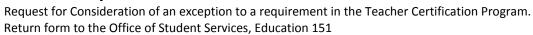
Course Requirement Waiver





Date:		
Student ID#:		
Student Name:		
Last	First	MI
Phone Number:	Program:	
CU E-Mail Address:	Teaching Field:	
For which requirement/course are you requesting an a Attach any additional sheets and include course number		uest.
What would you like to be considered in place of this Attach any additional sheets and supporting documents		us.
DEPARTMENT USE ONLY		
(Check one box) □ I <u>DO</u> recommend that the above request be approve □ I <u>DO NOT</u> recommend that the above request be approve Comments/Conditions:		
Faculty Name (please print):		
Faculty Signature:	Date:	
Approved – Associate Dean:	Date:	