

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:	Student ID Number:			
Student Name:				
	Last	First	Middle	
SVC Email:			@mysvc.skagit.edu	
Degree or Certifi	cate Waiver applies to: _			
I am requesting	this waiver for:			
□ One course red	quirement (example MATH	& 141)		
One Integrative	e Learning Experience	🗆 Two Integrati	□ Two Integrative Learning Experiences	
Equity / Cultura	al Diversity requirement	□ Other:		

Complete this form, including Page 2 Justification, and email it with a copy of your Academic Advisement Report or What-If Report to eval@skagit.edu

FOR INTERNAL USE ONLY			
Department/Division or IL coordinator Signature:	Date:		
□ Approved □ Denied (<i>must</i> attach a statement why the request was approved or denied)			
Dean Signature:	Date:		
□ Approved □ Denied			
Dean of Enrollment Services Signature:	Date:		

Student justification for waiver: