



REQUEST FOR POLICY WAIVER

Date \_\_\_\_\_

Name \_\_\_\_\_ ID # (Not Social Security #) \_\_\_\_\_

Local Address \_\_\_\_\_

Local Phone Number \_\_\_\_\_ SU E-mail Address \_\_\_\_\_

Major \_\_\_\_\_ Advisor \_\_\_\_\_

Minor \_\_\_\_\_

Complete this section of the form if you are requesting a waiver of the 30 of the last 37 credits policy. Also include a copy of your unofficial transcript.

What course(s) do you plan to take?
Where will you be taking the course(s)?
When do you plan to take the course(s)?
How will this apply to your degree?
Reason(s) for the request:

Complete this section of the form if you are requesting a waiver of the General Education policy. Include with the form a copy of your degree progress report, and any supporting documentation.

Course prefix and number:
Gen Ed group you wish to apply this course:
Reason(s) why this course was taken in error:

For Office Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Address waivers to: Ms. Sandra Cohea-Weible, Assistant Vice President of Academic Affairs  
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E-mail: [shcohea-weible@salisbury.edu](mailto:shcohea-weible@salisbury.edu)