



OFFICE OF ACADEMIC AFFAIRS

REQUEST FOR POLICY WAIVER

Name _____ Student ID # _____ Date _____

Local Address _____

Local Phone Number _____ SU E-mail Address _____

Major _____ Minor _____ Advisor _____

Part A. Complete this section of the form if you are requesting a waiver of the 30 of the last 37 credits policy. 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: _____

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

Course prefix and number: _____

Gen Ed Requirement you wish to apply this course to: _____

Reason(s) why this course was taken in error: _____

For Office Use Only Approved Not Approved Date _____

Comments _____

Address waivers to: Ms. Melissa Boog
Assistant Vice President of Academic Affairs
Provost's Office, HH 241, Salisbury University, Salisbury, MD 21801
Phone: 410-543-6020, Fax: 410-548-2587