



Section A: Student Biographical Information

Last Name	First Name	Middle Initial	Date
VSU ID Number	Department	Major	

***Undergraduate**
Is the student enrolled? No Yes
 ***Graduate**
Graduating? No Yes –
Graduation Semester/Year Applied for: _____
Date Graduation Application Completed: _____

Section B: Waiver Information

What requirement is a waiver requested for? *(Provide an explanation; be specific)*

Provide an explanation of the unique circumstances which merit approval of this request:

Section C: Approvals *(Please route in order below)*

1) Academic Advisor (Name / Signature / Date)	4) *[Undergraduate] AP for Academic Programs & Services (Name / Sig. / Date)
2) Department Head (Name / Signature / Date)	5) *[Graduate] AP for Graduate Studies & Research (Name / Signature / Date)
3) Dean / Director (Name / Signature / Date)	6) Registrar (Name / Signature / Date)

This form is not official until it has been signed by the Registrar.