

**WAIVER REQUEST FORM**  
**Weber State University**  
**College of Science**

Student Name: \_\_\_\_\_ "W" Student ID Number: W \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Phone Number(\_\_\_\_) \_\_\_\_\_ Date of Request \_\_\_\_\_

**GROUNDS FOR REQUEST: (Check one)**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Misadvisement/ misinformation     | <input type="checkbox"/> 4. Unreasonable obstacles            |
| <input type="checkbox"/> 2. Equivalent standards/substitution | <input type="checkbox"/> 5. Circumstances beyond your control |
| <input type="checkbox"/> 3. Reasonable progress               | <input type="checkbox"/> 6. Other reasonable grounds          |

**STUDENT REQUEST:**

(You must write a brief statement; use back of form if necessary. Please provide as much information that may pertain to your request.)

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**ACADEMIC ADVISOR**

Comments and Recommendations: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

**ACADEMIC DEAN**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_