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 ______________

GROUND FOR REQUEST: (Check one)
☐ 1. Misadvisement/ misinformation
☐ 2. Equivalent standards/substitution
☐ 3. Reasonable progress
☐ 4. Unreasonable obstacles
☐ 5. Circumstances beyond your control
☐ 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: ____________________________________________

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Signature: _____________________ date: __________

ACADEMIC DEAN
Comments: ________________________________________________________________

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