



# Fontbonne University

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## Waiver/Degree Modification(s) for Major/Minor/Concentration/Certification

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Major/Minor/Concentration/Certification \_\_\_\_\_ Date \_\_\_\_\_

A waiver of the following requirement is requested by the academic advisor in consultation with the Undergraduate Department Chair/Dean or the Graduate Program Director:

Course Number \_\_\_\_\_ Course Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

Rationale \_\_\_\_\_

**Credit hours for a waived course do not count toward total degree requirements**

A modification of the following requirement is requested by the academic advisor in consultation with the Undergraduate Department Chair/Dean or the Graduate Program Director:

1. Course Number \_\_\_\_\_ Course Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

From college/university (if not Fontbonne) \_\_\_\_\_

Replaces required Fontbonne course for:  Gen. Ed.  Major  Minor  Concentration  Certification

Course Number \_\_\_\_\_ Course Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

Rationale \_\_\_\_\_

2. Course Number \_\_\_\_\_ Course Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

From college/university (if not Fontbonne) \_\_\_\_\_

Replaces required Fontbonne course for:  Gen. Ed.  Major  Minor  Concentration  Certification

Course Number \_\_\_\_\_ Course Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

Rationale \_\_\_\_\_

Please obtain signatures in the following order:

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Dean Signature \_\_\_\_\_ Date \_\_\_\_\_