



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 _____

Please obtain signatures in the following order:

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____

Dean Signature _____ Date _____