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