

Request for Waiver of Required Credit
Concordia University, Nebraska

Student: _____ ID # _____

Class (fr., so., jr., sr.): _____ Catalog Year: _____

Degree Program: _____

_____ is a required course in my:

Dept/course # course title

___ General Education ___ Major ___ Minor ___ Program

that I request to be waived

I have attempted to find a reasonable substitution for this course: ___ YES ___ NO

Reason why I have not been or will not be able to complete this course:

Student signature and date

Advisor Comment:

Advisor signature and date

Department Chair Comment (If course is in student's major, minor, or program):

_____ ___Approve ___Deny
Department Chair signature and date

General Education Coordinator (If course is part of the General Education)

_____ ___Approve ___Deny
General Education Coordinator signature and date

Registrar

Registrar signature and date