

## Graduate Add/Drop - Course Waiver Request

NOTE: THIS FORM MUST BE RETURNED TO THE OFFICE OF REGISTRARIAL SERVICES

### A. GENERAL INFORMATION

ID Number	Last Name	First Name
_____	_____	_____

### B. COURSE INFORMATION

UNIV\*7510 Active F/T Registration  UNIV\*7520 Active P/T Registration  
\*APPLICATION IS REQUIRED TO CHANGE LOAD STATUS, SEE OFFICE OF GRADUATE STUDIES  
 ADD  DROP

COURSE	CODE	SECTION
_____	_____	_____
COURSE TITLE		

**Graduate Coordinator Approval - REQUIRED**  
Form will not be processed without signature  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Section Overload Waiver**  
Course Section is at capacity. Signing this box will override the section capacity.  
Instructor's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Late Add**  
Required for adding courses beyond the last day of the Add period for the current semester.  
Instructor's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**INSTRUCTOR'S ACKNOWLEDGEMENT**  
BASED ON OUR DISCUSSIONS I, THE INSTRUCTOR UNDERSIGNED, ACKNOWLEDGE THAT THE STUDENT MAY NOT HAVE THE SPECIFIED REQUIREMENTS. BY WAY OF MY SIGNATURE I AM WAIVING THEM.

**Course Prerequisite or Corequisite Waiver**  
Signing this box will override the prerequisite or corequisite requirement.

**Course Restriction Waiver**  
A rule that restricts access to the course based on Student Program or previous credits. Signing this box will override this rule.

**Instructor Consent**  
Instructor consent is **required** if taking undergraduate courses, courses for audit (AU), distance education courses (DE), courses designated as "instructor consent required".  
Instructor's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**C. STUDENT'S ACKNOWLEDGEMENT**  
I ACKNOWLEDGE THAT THE FOLLOWING INFORMATION ON THIS FORM IS CORRECT AND THAT I HAVE SELECTED COURSES IN ACCORDANCE WITH PROCEDURES OUTLINED IN THE GRADUATE CALENDER. I ALSO AGREE TO ABIDE BY THE STATEMENT ON THE STUDENT'S RIGHT'S AND RESPONSIBILITIES AND ACADEMIC RESPONSIBILITIES AS DESCRIBED IN THE GRADUATE CALENDER.  
Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
DATE OF RECEIPT: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_