



Registrar's Office  
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## Course Waiver Form

**NAME:** \_\_\_\_\_  
Last First Middle Initial

**NMU IN:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**MINOR:** \_\_\_\_\_

**In accordance with university policy, the department recommends the following required course be waived:**

Course ID	Course Title	Credit Hours
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**In the student's degree program.** [check below]

	<b>Major</b>
	<b>Minor</b>
	<b>Concentration</b>
	<b>Other Required Courses</b>

**The waiver is recommended because:** [Please provide detailed explanation.]

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\_\_\_\_\_  
**Adviser Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Head Signature**

\_\_\_\_\_  
**Date**

**NOTE:** Waivers do not apply to the number of semester hours of credit that is required for completion of any portion of the degree program.