# Graduate Program Course Waiver Form

**NAME:** _____________________________________________

Last       First       Middle Initial

**NMU IN:** __________________________________________

**PROGRAM:** ________________________________________

**CONCENTRATION(S):** ________________________________________

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

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
</table>

In the student’s degree. [check below]

<table>
<thead>
<tr>
<th>Program</th>
<th>Concentration (s)</th>
<th>Other Required Courses/Electives</th>
</tr>
</thead>
</table>

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 unless specified in the Graduate Bulletin.

**For graduate office use only:**

______________________________________

Date course waiver change made in Banner by ______________________