



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]

	Major
	Minor
	Concentration
	Other Required Courses

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

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.