



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

# TO REQUEST WAIVER OF POLICY OR REQUIREMENT

\*\*A waiver of policy or requirement does not waive credit hour requirements

Student ID # \_\_\_\_\_ Name \_\_\_\_\_  
Last First

Advisor \_\_\_\_\_ Expected graduation date \_\_\_\_\_

Home or forwarding address

Street/P.O. Box \_\_\_\_\_ County of Residence \_\_\_\_\_  
City State Zip Code

Preferred phone # \_\_\_\_\_ This is:  Home  Cell  Work

Please be specific and include all relevant information to support your request. Attach additional sheets as needed. Submit the form to the Registrar's Office after obtaining all required signatures. You will be sent a copy after it has been approved and processed.

I request permission for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Justification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature & Date \_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature/Date  Approved  Disapproved Comment: \_\_\_\_\_

\_\_\_\_\_  
Department Chair's Signature/Date  Approved  Disapproved Comment: \_\_\_\_\_

\_\_\_\_\_  
Deans Signature/Date  Approved  Disapproved Comment: \_\_\_\_\_

\_\_\_\_\_  
Associate VP for Academic Affairs Signature/Date  Approved  Disapproved Comment: \_\_\_\_\_

\_\_\_\_\_  
Registrar's Signature/Date

**PLEASE RETURN ALL COPIES OF THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR FINAL APPROVAL**

Registrar's Office | 4701 North Charles Street | Baltimore, Maryland 21210 | T 410-532-5327 | F 410-532-5789 | www.ndm.edu