



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: _____

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

Registrar's Signature/Date Approved Disapproved Comment: _____

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