



NOTRE DAME
OF MARYLAND
UNIVERSITY

TO REQUEST WAIVER OF POLICY OR REQUIREMENT

Student ID # _____ Name _____
Last *First*

Please check: Women's College College of Adult Undergraduate Studies Graduate Studies

Advisor _____ Expected graduation date _____

Home or forwarding address

Street/P.O. Box *County of Residence*

City *State* *Zip+4*

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 OR Director of CAUS or Graduate Studies 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

Copies: White: Registrar's Office Yellow: Advisor Pink: Student