

**GRADUATE STUDIES  
WAIVER, ADDITION, OR SUBSTITUTION  
OF REQUIREMENTS FOR GRADUATION  
(With Ohio University Courses Only)**

Student Name:

PID Number:

CatMail Address:

CHSP Major and Code:

Are you graduating this semester?      Yes      No

Requirement listed on DARS:	Requested Waiver, Substitution, or Addition: (please specify)

Please explain why you believe each request is valid: (be specific and clear)

Student Signature:

Date:

*\*Please complete form and obtain Major Advisor and Dept./School Graduate Coordinator signatures then submit to the Associate Dean for Research and Graduate Studies, W372 Grover Center for final authorization.*

