

**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.*

Decision: Approve Deny
Comments:

Advisor: _____ Date: _____

Decision: Approve Deny
Comments:

Program Coordinator:

Date: _____

Decision: Approve Deny
Comments:

Associate Dean for Research and Graduate Studies:

Date: _____

<i>For CHSP Staff Only</i>			
If adjusted, when:			By:
Emailed student:	Yes	No	

03-04-2019 (rev) bp