

**Keene State College
ACADEMIC REQUIREMENT WAIVER FORM**

Name: _____ Student ID #: _____

Local Address: _____ Local Phone #: _____

City/State/Zip: _____ E-mail: _____

Advisor: _____

Degree: _____ Major: _____ Option/Specialization: _____ Minor: _____

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1. STATEMENT OF POLICY:

A student must complete all degree, Integrative Study and major/minor requirements stated in the appropriate catalog. Exceptions to specific requirements require the approval of the appropriate department chair, dean, and/or the coordinator of the Integrative Studies Program.

2. WAIVER PROCESS:

A. Waiver of Major/Minor Requirements

1. Student discusses proposed exception with his/her faculty advisor and the appropriate department chair. If approved, the department chair completes Section 3: Waiver to document the conditions of the waiver.
2. Student submits waiver to the appropriate Dean for approval.

B. Waiver of Integrative Studies or General Education Requirements

1. Student submits the proposed exception to the coordinator of the Integrative Studies Program for approval.

3. WAIVER

A. Specify Waiver: _____

B. Credits must be replaced in: _____ Integrative Studies _____ Major/Minor _____ Electives

C. Rationale for Waiver:

4. APPROVALS:

A. Waiver of Major/Minor Requirements

Signature of Department Chair: _____ Date: _____

Signature of Dean: _____ Date: _____

B. Waiver of Integrative Studies Requirements

Signature of Coordinator of ISP: _____ Date: _____

E-MAIL OR DELIVER COMPLETED FORM TO THE REGISTRAR'S OFFICE