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: __________________

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

Registrar 03/09