Waiver Committee

WAIVER REQUEST

FINAL APPEAL
(This Form is *not* for Computer Science, Computer Information Systems, or Software Engineering)

All new graduate students **meet with their faculty** advisor, when notified, 8-10 weeks after the start of their first semester. All majors **EXCEPT Computer Science or Computer Information Systems** may request a waiver of an assigned foundation class **at that meeting**. If the advisor refuses the waiver and the student feels they do have grounds for the waiver, the student may choose to make a Final Appeal to the Waiver Committee using this form. The procedure is different for Computer Science and Computer Info Systems.

Requesting a waiver of foundation class(es) assigned in your acceptance letter
(does not include CSCI 5035/BIOT 5035/WRIT 3315 which is not waived)
1) **Complete highlighted sections**
2) **Submit a form and documents for each class for which you are requesting the waiver**
3) **Attach supporting Documents**
4) **Sign**
5) **Submit to CSE Academic Advising, Bayou Suite 3611.**

Allow approximately 6 weeks for committee review. After processing, the response will be scanned and e-mailed to your UHCL campus e-mail

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PERSONAL INFORMATION	*Initial beside your Major*
Student ID number	**FINAL APPEAL: Your signature below verifies you have ALREADY met with your faculty advisor to draft your CPS and he/she has refused the waiver. DO NOT** use this form if you have not already met with your faculty advisor to draft your CPS.
Last Name	
First Name	
Day Phone _____ @uhcl.edu **Campus** e-mail address	Major_____
	Signature

CLASS *for which you request the waiver*

List only **ONE** class per Waiver Request Form. _____ _____ *UHCL class* *UHCL Title* For example: CSCI 3333 Data Structures **Indicate what supporting documentation is attached** __ Catalog Course Description __ Copy of Course Syllabus __ Textbook Information __ Letters __ Other (specify)	List below the class or classes you have taken that you feel are equivalent to the foundation class you were assigned. Specify the class number (if any) and title, exactly as listed on your transcript or marks sheet, and include the grade(s) List: _____. _____ _____

# Recommendation of Waiver Committee: PLEASE Initial	
Comments: 1. _____ Approve _____ Deny 2. _____ Approve _____ Deny 3. _____ Approve _____ Deny	*Student Signature* *Date* *Audited by Academic Advisor* *Date* Granted by Dean or Associate Dean Date *Advising: Please attach copy of acceptance letter and evaluation sheet.*

Log #: _____   Date Copy Mailed: _____

KY 12/5/17