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: Comments:	Approve	Deny					
Advisor:			Date:				
Decision: Comments:	Approve	Deny					
Program Coordinator:							
Date:							
Decision: Comments:	Approve	Deny					
Associate Dean for Research and Graduate Studies:							
Date:							

For CHSP Staff Only					
If adjusted, when: Emailed student:	Yes	No	By:		

03-04-2019 (rev) bp