Course Waiver Form

Date: ____________________ email: ________________________________

Student name: __________________________________________________

UO ID: □ □ □ □ □ □ □ □ □

Courses requested to be waived:
1. Course number and name: ______________________________________

2. Course number and name: ______________________________________

3. Course number and name: ______________________________________

Courses taken elsewhere or in exchange for those listed above: (include course number, name, institution and term completed)
1. _______________________________________________________________
   _______________________________ term completed ___________________

2. _______________________________________________________________
   _______________________________ term completed ___________________

3. _______________________________________________________________
   _______________________________ term completed ___________________

Advisor approval: ________________________________________________ Date: ______________

You may be required to attach syllabi, course description, catalog copy, web address, etc., describing course to be substituted in order to have waiver considered.

revised 7/2012