**Petition for a Waiver of a Graduation Requirement**

**Instructions:** Complete your portion of this form, attach appropriate documentation (e.g. syllabi, etc.), and return to the Adult Degree Completion Program, Office of the Registrar (1500 East Fairview Avenue, Montgomery, AL 36106 or by fax to 334/833-4313). Once the Office of the Registrar has received an outcome to your petition, you will be notified and your file will be updated to reflect this information. Please allow at least 10 business days for your petition to be processed from the date of receipt. For some petitions, a longer time frame may be necessary in order to make an informed decision.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>SSN</th>
<th>Permanent Address</th>
<th>Contact Phone number (___)</th>
<th>HC e-mail</th>
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<tr>
<th>Class to be waived:</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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**Explanation for necessity of a waiver** (please feel free to use separate sheet of paper if needed):

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**Description of any attached documentation concerning requested waiver course and reasoning as to how you will still fulfill the intent of the required class.**

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Signature: __________________________ Date: __________

Advisor notification and support of petition – it is the student’s responsibility to obtain this signature before forwarding the petition to the Office of the Registrar.

Advisor signature: __________________________ Date: __________

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**Internal use only below this line.**

Received by: __________________________ Date received: __________

**Vice-President for Academic Affairs**

Approved  Denied

Signature: __________________________ Date: __________

Original to Registrar’s Office  Copy to Advisor