

COURSE WAIVER FORM

Student Name (Please print) _____

Student ID Number _____ Date _____

Student Signature (if requested by student) _____

Student's program of study: _____

Course number(s) for which credit or waiver is requested: _____

Reason for Waiver:

Signature: _____ Date _____
Appropriate Instructional Admin/Dean/Advisor

Student Services use only: Entered in Notes _____ Staff Initials: _____ Date: _____ Submit for scanning



Montcalm Community College