



STARR KING

SCHOOL FOR THE MINISTRY

WAIVER OF DEGREE REQUIREMENT FORM

STUDENT'S LEGAL NAME: _____

Last

First

Middle

STUDENT'S PREFERRED NAME: _____

STUDENT ID# _____

DEGREE REQUIREMENT TO BE WAIVED: _____

REASON DEGREE REQUIREMENT SHOULD BE WAIVED:

ADVISOR SIGNATURE: _____ DATE: _____

_____ DEAN OF FACULTY SIGNATURE: _____

DATE: _____ REGISTRAR SIGNATURE: _____

DATE: _____

Students must save the completed form as a PDF with the name as Term.WaiverofDegreeRequirement.Your first and last name. Then, email the form to registrar@sksm.edu, and Cc your advisor. The office of the registrar will obtain the necessary signatures after the completed PDF form is received.