



WAIVER OF DEGREE REQUIREMENT FORM

Student Name: _____

Student Legal Name (if different): _____

Student Populi Barcode ID#

Degree Requirement to be Waived:

Reason Degree Requirement Should Be Waived:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean of Faculty Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

Students: Please complete this form (except signatures) as a PDF with filename: [Term].[Waiver of Degree Requirement].[Your first and last name] (ex: 2021SP.Waiver of Degree Requirement.John Student) Email the completed form to: Registrar@sksm.edu, copying your advisor.

The Office of the Registrar will obtain the necessary electronic signatures after the completed PDF form is received. Please see the Student Forms webpage or the Student Handbook for detailed instructions how to use the free Adobe software to fill and save PDFs.