

REQUEST FOR WAIVER OF HOURS

COLLEGE OF SCIENCES

(Effective Spring 2015)

DATE: _____

STUDENT NAME: _____ E#: _____

STUDENT PHONE NUMBER: _____

MAJOR: _____ MINOR: _____

CATALOG YEAR: _____ ADVISOR: _____

SEMESTER YOU PLAN TO GRADUATE: _____

Under certain circumstances, some of the required residency or upper division hours needed for graduation may be waived. To request such waiver, please complete the following.

Upper Division Credits – 40 required. No more than 6 hours may be waived.

Eastern Illinois University Credits – 42 required. No more than 3 semester hours may be waived.

Eastern Illinois University Junior and Senior Year Credits – 32 required. No more than 3 semester hours may be waived.

Eastern Illinois University Senior Year Credits – 12 required. No more than 3 semester hours may be waived.

Request _____

Reason _____

Advisor Signature _____

Major Chair Signature _____

Certifying Officer Signature _____

RETURN COMPLETED FORM TO CERTIFICATION OFFICER FOR THE STUDENT'S MAJOR.