

**EASTERN ILLINOIS UNIVERSITY**  
**Undergraduate Academic Waiver Request**

**INSTRUCTIONS**

1. Complete the information at the top of the form with the exception of the Academic Waiver Request #, which will be assigned by the student's certifying dean. Please provide all of the required information.
2. Write the request and the reason as clearly as possible.
3. Obtain the appropriate signature in the order that they appear on the form, with the exception of the student's signature. THE STUDENT MAY SIGN THE FORM IF THE WAIVER WILL BE DENIED BY THE STUDENT'S CERTIFYING DEAN. This would allow the denied waiver request to go directly to the Undergraduate Academic Waiver Appeals Committee. The student will be notified in writing of the decision of the Undergraduate Academic Waiver Appeals Committee as soon as possible.

ADVISOR— Academic advisor for the student's degree major (The academic advisor must also indicate the number of waiver rule to which the waiver request refers.) Please note only waiver rule exceptions IA, IB, IC may be approved without UAWAC approval. Any exception falling within section II of the waiver rules can not be altered by waiver or action of the UAWAC and should not be submitted. Waiver rule exceptions specific to rules in section III can only be approved by the UAWAC.

MAJOR CHAIRPERSON— Chairperson of the student's degree major.

SUBJECT OF WAIVER CHAIR— Chairperson responsible for the subject referred to in the waiver if other than the degree major chairperson.

SUBJECT OF WAIVER DEAN— Dean responsible for the subject referred to in the waiver if other than the certifying dean.

CERTIFYING DEAN— Dean of the college responsible for the student's degree major.

# EASTERN ILLINOIS UNIVERSITY

## Undergraduate Academic Waiver Request

DATE: \_\_\_\_\_ ACADEMIC WAIVER REQUEST # \_\_\_\_\_  
 STUDENT'S NAME: \_\_\_\_\_ E-NUMBER # \_\_\_\_\_  
 LOCAL ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
 LOCAL TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_  
 DEGREE SOUGHT: \_\_\_\_\_ MAJOR: \_\_\_\_\_ CLASS: FR \_\_\_\_\_ SO \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_  
 PLAN TO GRADUATE UNDER CATALOG DATED \_\_\_\_\_

The student should explain clearly and completely the reason for asking the waiver. Supporting documentation may be submitted with the waiver form at the time the waiver is initiated. If the waiver is denied, additional documentation may be submitted along with this form to the Records Office.

Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WAIVER RULE # \_\_\_\_\_ (Waivers specific to rule #IA, IB, IC may be appealed; waivers under rule III must all go to UAWAC and may not be approved without UAWAC approval.)

**RECOMMENDATIONS**

ADVISOR: YES \_\_\_\_\_ NO \_\_\_\_\_  
 \_\_\_\_\_  
Advisor's Signature Date

REASON FOR RECOMMENDATION: \_\_\_\_\_  
 \_\_\_\_\_

MAJOR CHAIRPERSON: YES \_\_\_\_\_ NO \_\_\_\_\_  
 \_\_\_\_\_  
Chair's Signature Date

REASON FOR RECOMMENDATION: \_\_\_\_\_  
 \_\_\_\_\_

SUBJECT OF WAIVER CHAIR: YES \_\_\_\_\_ NO \_\_\_\_\_  
 \_\_\_\_\_  
Chair's Signature Date

REASON FOR RECOMMENDATION: \_\_\_\_\_  
 \_\_\_\_\_

SUBJECT OF WAIVER DEAN: YES \_\_\_\_\_ NO \_\_\_\_\_  
 \_\_\_\_\_  
Dean's Signature Date

REASON FOR RECOMMENDATION: \_\_\_\_\_  
 \_\_\_\_\_

**ACTION**

STUDENT'S CERTIFYING DEAN: YES \_\_\_\_\_ NO \_\_\_\_\_  
 \_\_\_\_\_  
Dean's Signature Date

REASON FOR DENYING WAIVER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE STUDENT MAY APPEAL A DENIED WAIVER RELATED TO WAIVER RULES NOTED ABOVE**

I request that my Certifying Dean's decision to deny this waiver be appealed to the Undergraduate Academic Waiver Appeal Committee.

\_\_\_\_\_  
Student's Signature Date

All waivers falling under rule III must go to UAWAC