## ACADEMIC POLICY WAIVER FORM

## ACAD-HISTORY-P

Print clearly and use ink (no pencil).									
Royal ID		Nan	Name						
							1		
College			Year				Expected Date of Graduation		
CAS	KSOM -	\$)4 FF	R SO	JR	SR	GR			
Policy Referencesprogram from the initial point of University of Scranton matriculation.									
ACTION:									
0	Waive 63 minimum credits required for bachelor's degree pro <b>graph</b> y <u>a</u> dditionalexternal credit <b>s</b> o the student's Major Second Major Minor Concentration/Track.								
0									
attachcompletedPermission to Take Course at									
	Another Institutionform.)								
0									
		[	<b></b>						
Approva	al	Recommended	Not Recomm	nended	Signatu	ire		Date	
Chairperson/Program Director		r							
Rationale									
		I							
Approval Re		Recommended	Not Recomm	nended	Signature			Date	
Deanof Course									
Rationale									
Approval		Recommeded	Not Recomm	nended	Signature			Date	
Dean of Student's College									
Rationale									
Return completed form to the Office of									