

FAIRFIELD UNIVERSITY
Graduate School of Education & Allied Professions

REQUEST FOR WAIVER FROM APPROVED CURRICULUM
(WWW FORM)

Date _____

I, _____

(PRINT) Student's Name

Social Security Number _____/_____/_____

Address _____

request that the following change(s) be made in my approved curriculum

WAIVER OF COURSES

Course on Curriculum Sheet

Substitute

Reasons(s) for Waiver:

Signature of Student

Signature of Advisor

Date

Date

Approved by Assistant Dean

Date