



Request for Waiver

Your request will be reviewed and you will hear back from a member of the Education Team.

Date: _____

Student Name: _____

Term: _____

Campus: Portland Salem

Course(s) _____

Situation and reason for request: _____

I understand that submitting this form does not automatically waive the prerequisite or fee under review. Prerequisites and fees are not considered waived until the request has been reviewed and approved by the Education Team.

Signature: _____

For office use only

Completed by (Initials): _____

Date Reviewed: _____

Approved Denied

Reason: _____
