

Request for Last 32 Credits at ISU Regulation Waiver Undergraduate

Send one completed request, with adviser and DEO signatures, to 297 Design. If student is requesting six credits or less to be waived Registrar's signature is not required.

Student's Name _____

ID # _____

Primary Curriculum _____ Catalog _____

Semester of Graduation _____

Request to Attend:

College _____

Address _____

Total number of credits requested: _____

Course Title(s) and Number(s)

Course Credit

Equivalent

Reason for this request:

Previous exemptions? Yes _____ No _____

How many total credits will you have at the time you graduate? _____

How many credits will you have taken at ISU at the time you graduate? _____

Student Signature

Approved by:

Academic Advisor

Date

For the Dean of the College

Date

Department Executive Officer

Date

Registrar

Date

IOWA STATE UNIVERSITY