



WAIVER OF DEGREE REQUIREMENT FORM

ACTION ITEMS:

1. Complete and sign form.
2. Save as a PDF.
3. Email to Registrar@sksm.edu and cc: advisor.
4. The registrar will obtain the required signatures.

Student Name: _____

Student Legal Name (if different): _____

Degree Requirement to be Waived: _____

Reason for Degree Requirement to be Waived:

Student Signature:

Date: _____

Signatures

Advisor Signature:

Date: _____

Dean of the Faculty Signature:

Date: _____

Registrar Signature:

Date: _____