



WAIVER OF CONCENTRATION REQUIREMENT FORM

ACTION ITEMS:

1. Complete and sign form
2. Save as a PDF with filename:[Term].[WaiverofConReq].[Your first and last name] (ex: 2021SP.WaiverofConReq.John Student).
3. Email the completed form to: Registrar@sksm.edu, cc your advisor.
The registrar's office will obtain the necessary signatures after the completed PDF form is received.

Student Name: _____

Student Legal Name (if different): _____

Certificates: ___ CHAP ___ UU

Requirement to be Waived:

Reason Requirement Should be Waived:

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Program Director Signature: _____

Date: _____

Registrar Signature: _____

Date: _____