

**Mount Saint Mary's University
Application for Academic Waiver**

Student _____ **Student ID #** _____

Student's Explanation of Why Waiver is Needed _____

Recommendation of Academic Advisor _____

Signature

Date

Recommendation of Department Chair/Program Director _____

_____ **I approve this application** _____

Signature

Date

Academic Waiver Granted _____

Academic Waiver Denied _____

Dean

Date

Associate Provost

Date