

## REQUEST TO WAIVE A GENERAL

## EDUCATION REQUIREMENT

This form is for all students requesting to waive a General Education requirement. Students must submit this completed form and any supporting documentation to the College of Arts and Sciences Dean's Office located in Karnoutsos Hall - Room 605 for review.

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	(Last Name)	(First Name)		(Gothic ID)		
			4			
	(Home Address, Ci	ty, State & Zip code)		(Phone Number Hom	e/Cell)	
	(NJCU/Personal Er	noil Address)	5	(Major/Mina	or/Intended Major)	
	·		_	(Major/Mine	or/intended Major)	
What se	emester do you plan to o	on graduating from NJCU	?(Semester/Year)			
How ma	any college credits have	e you completed as of toda	ay?			
What is	the General Education	requirement(s) you are re	questing to be waived:			
	a detailed explanation ith this information:	of why you are requesting	a General Education course	be waived in the bel	ow section or attach a	
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(Student	t's Signature)	(Date)				
(Advisor	r's Signature)	(Date)	(Advisor's Department)	(A	Advisor's Email address)	
R DEAN'	'S USE ONLY: Al	PPROVEDNOT A	PPROVED RETURNEI	) TO STUDENT (Po	ending additional information	
AN OF ART	S AND SCIENCES/DESIGNE	E) (DATE)	(PROCESSED BY)	(DATE)	(WAIVER #)	
OMMEN'	TS:					
pv to: St	udent Email. Advisor	Email. Other:	Request #:	Prepai	Prepared by. S. Roman 1/1'	