

PROGRAM COURSE REQUIREMENT WAIVER

Student completes Step I items 1 through 6 and submits this form *with supporting documentation* to the Enrollment Center. Reasons will be provided if disapproved at any level. The student will be notified in writing of the outcome by the Enrollment Center within 35 working days of the request.

STEP I – Student

- 1. Student Name _____ NSCC ID#: _____
- 2. Street: _____ City: _____ State/Zip: _____
- 3. Program of Study: _____
- 4. Course # and Title to be waived: _____ Credits: _____
- 5. Course # and Title to be substituted: _____ Credits: _____
- 6. Reason for Request: Material has been covered by a course transferred from another institution.*
 Another course with appropriate depth and benefits has been taken at NSCC.*
 A comparable course has been transcribed through the Center for Alternative Studies
 Program curriculum revision has made it impossible to complete the required course.
 Reasonable accommodation for student with documented disability.

**Attach course descriptions*

If Reasonable Accommodation request – Disability Services: Approved Disapproved

Disability Services Signature: _____ Date: _____

STEP II – Enrollment and Student Records

- Student is matriculated in the Program of Study listed: Yes No
- Course to be waived is required in the Program of Study: Yes No
- Course to be substituted has been or is available to be transcribed at NSCC: Yes No
- Substituted course will provide equal or greater credits than required course: Yes No
- No other valid version of program requirements would allow student to graduate: Yes No

Comments: _____

Director Signature: _____ Date: _____

STEP III – Program Coordinator/Department Chair of program of study

Approved Disapproved – Reason _____

Program Coord/Dept. Chair Signature: _____

STEP IV – Program Coordinator/Department Chair of course to be waived

Approved Disapproved – Reason _____

Program Coord/Dept. Chair Signature: _____

STEP V – Administrative Review for conformance with policies/practices

Dean of program of study: agree disagree Signature/Date: _____

Dean of waived course: agree disagree Signature/Date: _____

STEP VI – Vice President for Academic Affairs

Approved Disapproved – Reason _____

Vice President for Academic Affairs Signature: _____ Date: _____

STEP VII – Enrollment and Student Records for processing

Student informed on (date): _____ Director Signature: _____