

**DEPARTMENT OF ADVERTISING + PUBLIC RELATIONS GRADUATE
WAIVER REQUEST FORM**
(Please type or print)

Date Submitted _____

Name _____ Student # _____

Local Address _____ Phone # _____

_____ E-mail: _____

DEPARTMENT REQUIREMENT OR RULE INVOLVED:

**ACTION YOU WISH TO HAVE TAKEN IN RELATIONSHIP TO THIS
REQUIREMENT OR RULE:**

RATIONALE FOR THIS REQUEST:

(Advisor)

(Date)

(Course Instructor – if applicable)

(Date)

(Director of Graduate Studies)

(Date)