



Course Waiver Form

Student Name _____

Advisor _____

Program/Major _____

Student ID or Social Security Number _____

Ed Plan Year Term _____

On the basis of your previous coursework from _____, the following waiver of courses will be allowed as indicated for the program listed above. Please plan with your advisor to determine the courses that remain to be completed for your program requirements.

Previously Taken Course				Ridgewater Course Waived			
Course Subj#	Name		Credits	Course Subj#	Name	Req. or Elec	Credits

Notes

Signature _____
Department Chair/Advisor

Date _____

Signature _____
Vice President of Student Success

Date _____