



FAIRLEIGH DICKINSON UNIVERSITY

Waiver Request Form

Must be completed by the end of 1st semester

Silberman College of Business

To be completed by student:

Prepare a separate Waiver Request Form for **each** course and attach a copy of your transcript, course syllabus, and resume (if applicable). Send completed forms to SCBGradAdvising@fdu.edu.

Course for which you are requesting a waiver (e.g. ACCT 6400): _____

Student Name: _____ Student ID: _____

Graduate Program: _____

Email: _____ Telephone #: _____

Home Campus: Florham : _____ Metropolitan: _____ Online: _____

Undergraduate Major: _____

Course(s) completed that support the waiver request:

Course Name _____
Taken at _____
Date Taken _____ Grade* _____

Course Name _____
Taken at _____
Date Taken _____ Grade* _____

Course Name _____
Taken at _____
Date Taken _____ Grade* _____

Course Name _____
Taken at _____
Date Taken _____ Grade* _____

*international students should also supply WES equivalent if available

To be completed by department chairperson:

(Upon review, please return to Graduate Advising)

Waiver Approved: _____ Waiver Denied: _____

Chairperson's Signature: _____

Date: _____

Comments: _____
