Degree Plan Waiver Request

Baylor College of Medicine

GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

Student Name: _____ BCM ID #: _____ MD/PhD: _____

Graduate Program: _____ Matriculation Year: _____

List courses on the student's degree plan for which a waiver is sought.

Course #	Course Title	Hrs

List courses proposed in place of degree plan requirements.

Course #	Course Title	Hrs

Explanation:

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Approved by:

GSBS Promotions Chair: _____ Date: _____

Please submit this form to the Graduate School, N204

Rev: 3/30/2020