



# Degree Plan Waiver Request

*This form is submitted to the Graduate School, Room N204*

Student Name: \_\_\_\_\_ BCM ID #: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Matriculation Year: \_\_\_\_\_ MD/PhD? Yes No

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: \_\_\_\_\_  
Signature Date

Program Director: \_\_\_\_\_  
Signature Date

Approved by:

GSBS Promotions Chair: \_\_\_\_\_  
Signature Date