



**Office of the
University Registrar**
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID# _____

Required

**WAIVER OF GENERAL EDUCATION REQUIREMENT
UNDERGRADUATE STUDENTS**

To be used for petitions to waive a general education requirement.

Instructions: Please complete all information on the form and obtain ALL appropriate signatures. Once complete return to the Associate Provost (or designee), Room 001, 25 University Avenue.

Student Name: _____ Date: ____/____/____

Local Phone: _____ Major: _____

Student's signature/Date (required): _____

Petition: Below, clearly state the general education policy to which an exception is desired. Be specific about what you are requesting.

Please attach a letter specifically detailing why an exception to this policy should be made.

Student's Academic Advisor: Recommendation: _____ Approval _____ Denial

Signature _____ PRINT Last Name: _____ Date: ____/____/____

Student's Department Chairperson: Recommendation: _____ Approval _____ Denial

Signature _____ PRINT Last Name: _____ Date: ____/____/____

Dept. Chairperson of the department offering course: Recommendation: _____ Approval _____ Denial
(writing emphasis, interdisciplinary, or diversity petitions need appropriate committee chair approval – Associate Provost will forward to appropriate committee.)

Signature _____ PRINT Last Name: _____ Date: ____/____/____

Associate Provost (or designee) Room 001, 25 University Avenue: *(Associate Provost has final decision on this waiver).*

Recommendation: _____ Approval _____ Denial

Signature _____ Date: ____/____/____

Office Use Only

Processed by: _____

Date: _____