University of Michigan  
School of Art & Design  

Request for Waiver of a Degree Requirement  

Name ________________________________________________    UM ID# ______________________

Phone # _________________________   Email _________________________________ Year ______

Part I. Indicate which degree requirement you wish to have waived:

_____    Number of credits required for graduation  
_____    Academic Distribution Requirement  
_____    Studio Course Requirement  
_____    Outreach/Engagement Requirement  
_____    Other __________________________________________

Part II. Indicate when and with which advisor you discussed this degree requirement. If you have never discussed this degree requirement with an advisor, you must do so before submitting a request for a waiver of a degree requirement.

Name __________________________________________

Part III. Please write a detailed rationale for your request. Include the name, number of the relevant course(s) and the semesters in which you took them. Submit any corroborating documentation you feel will strengthen your argument. Chronology and clarity will only help your case. If you need more than the space allotted below, you may use the back of this form or attach a word-processed document.

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Student Signature   _____________________________________________    Date  ________________

Decision:   __ Approved   __ Denied   __ No Decision    __________________________________   ____________

Authorizing Signature  
Date  

Comments: 

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Student notification by  ____________________________________                                Date ___________