

Name: _____

Student ID Number:

Address:		Street	College:	
			E-Mail:	<u>@m</u> u.edu
City	State	Zip		
Major(s):			Minor(s):	
REQUEST:				
REASONS F			ents only, not the hour(s); you must gra	adteawith WKH PIQIP
F U H G L W INSTRUCTION REQUEST 1. All reque 2. Give all r 3. The stud . %e sur U H T X statemer clear, co 5. Be very course(s 6. Append recommo	KRXUV SFOR PREPARENTS easts must be support will be noticed by the second of the secon	UHTXLUH RING A WAIVER ubmitted in writing request – be specified RI WKH tand the require / HthmpleRely so st anglour argument anglete. rour request in terequirements. any supportive instructors concerns	ACTION Request for Waiver is: G. Approved	LQ \RXU KRPH FR
		about the nature Assistant Dean		ss Administration

Please submit completed form to the College of Business Administration in O'Brien Hall: Room OB111 / the first floor Welcome Desk / via email to Sara. Koenig@ marquette.edu.