

Course or Language Waiver Request Form



PimaCommunityCollege
Curriculum Quality Improvement

Student's Name: _____

Student's "A" Number: _____

Student's Pima Email: _____

Degree/Certificate Title: _____

Catalog Year: _____

Type of request:

Course Waiver Request

Course(s) to be waived: _____

Language Waiver Request

Semester(s) of language to be waived: _____

Reason for waiver request (please print or type)

Student's Signature: _____

Date: _____

Dean of Communications Signature (for language waivers): _____

Date: _____

Approved Denied

If denied, what is the reason?: _____

Dean of College Readiness and Student Success (CRSS) Signature (STU waiver):

Date: _____

Approved Denied

If denied, what is the reason?: _____

Dean of Division (Program) Signature: _____

Date: _____

Approved Denied

If denied, what is the reason?: _____