

**Dickinson State University
Request for Special Consideration and/or Waiver
of a Graduation Requirement**

I, _____ (EMPL ID) _____ hereby request that the following action be taken relative to meeting the graduation requirements as set forth by Dickinson State University.

1. _____ I request that I be granted a waiver of the “minor” requirement for graduation purposes because I have previously earned a/an
 _____ Bachelor’s Degree
 _____ Associate Degree

2. _____ I request that I be granted a waiver of _____ (# of credits) credits for graduation purposes from the required minimum of:
 _____ 150 credits (dual degree)
(NOTE: MAXIMUM 2 CREDITS)

3. _____ I request that I be granted a waiver of the “32 hours of upper division classes” requirement. I wish to have _____ (#) credits waived.
(NOTE: MAXIMUM 2 CREDITS)

4. _____ I request that I be permitted to remain under the governance of my initial university catalog while pursuing another:

- (A) _____ MAJOR: _____
- (B) _____ MINOR: _____
- (C) _____ DEGREE: _____

(Specify major, minor, or degree)

5. _____ **OTHER REQUEST:** Please explain your request on the back side of this form and tell why you think it is a reasonable and justifiable request.

Department Chair	Date	____ Approved / ____ Not Approved
Director of Academic Records	Date	____ Approved / ____ Not Approved
Vice President of Academic Affairs	Date	____ Approved / ____ Not Approved

Unofficial copy of student transcript must be attached.