TO:

FROM:

SUBJECT: WAIVER OF UPPER DIVISION HOURS

DATE:

A waiver of upper division hours is requested for the student listed below.

Student:_____ SSN:_____

MAJOR:_____ MINOR(S):_____

PROJECTED GRADUATION DATE:_____

____ Upper Division Hours Completed at MTSU to Date (30 required)
____ Upper Division Hours Earned at Other Institutions
____ Additional Upper Division Hours To Be Earned by Graduation
____ Total

CHECK ALL APPLICABLE STATEMENTS: (The following information assists me in making a decision of a waiver.)

____ 1. Student has demonstrated a sincere effort to earn 48 upper-division hours.
____ 2. Student will have completed all other graduation requirements by the proposed graduation date.
____ 3. Student has earned credit at previous college(s) which is equivalent to upper-division courses at MTSU.
Please list.

MTSU Credit Hours	Equivalent MTSU Course(s) Dept./No./Title	Transfer Credit Sem. Hours	Transfer Course(s) Dept./No./Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	TOTAL HOURS (These hours will not count as upper division, but will be considered in decision about waiver.)		

_____ 4. Other circumstances which may justify a waiver: _____
_____
_____
_____

At this student's advisor, I am recommending a waiver of ____ of the 48 upper- division hours, and/or ____ of the 60 senior college hours, and/or ____ of the 30 upper-division hours from MTSU. The student will be advised to take upper-division courses at every opportunity for the remaining portion of his/her program.

_____ _____
Signature of Advisor Date Approval of Chairman Date

_____
(Rev. 1/97) Approval by Dean Date