

Southampton College of Long Island University

COURSE WAIVER FORM*

DATE: _____

NAME: _____ SS#: _____

PLEASE WAIVE:

COURSE # _____ TITLE: _____

COMMENTS (IF ANY): _____

REQUIRED SIGNATURES:

ADVISOR

DIRECTOR

*** COURSES IN MAJOR ONLY – NOT FOR COURSES IN THE CORE**



Verification copy will be returned to Advisor and Student after posting

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PROCESSED BY _____ DATE _____