



REQUEST TO WAIVE GE REQUIREMENTS FOR STUDENTS WITH AN ASSOCIATE OF ARTS DEGREE

Student Name: _____ Student ID#: _____ Student Signature: _____

Daytime Contact #: _____ E-mail Address: _____ Major: _____

I completed my Associate of Arts Degree in:

Major Program(s): _____

College/University: _____ Graduation Date: _____

ACTION ON REQUEST TO WAIVE GE REQUIREMENTS

RECOMMENDATION TO WAIVE GENERAL EDUCATION REQUIREMENTS

APPROVED DISAPPROVED Approved to waive **ALL** GE requirements

APPROVED DISAPPROVED Approved to waive **Partial** requirements for the GE however, student must complete the following GE Course(s):

Tier I:

➤ Core Foundation (15) _____

Tier II:

➤ Breadth Through Diversity and Direction Diversity Foundation (16) _____

➤ Uniquely UOG (7) _____

➤ Direction Building (9-11) _____

APPROVED DISAPPROVED _____
Program Coordinator Offering Major (Print, Sign & Date)

APPROVED DISAPPROVED _____
Dean of College Offering Major (Print, Sign & Date)

APPROVED DISAPPROVED _____
Registrar (Print, Sign & Date)