



COURSE WAIVER FORM

DATE: _____

NAME: _____ SS#: _____

PLEASE WAIVE:

COURSE # _____ TITLE: _____

COMMENTS (IF ANY): _____

REQUIRED SIGNATURES:

ADVISOR

DIRECTOR

.....
Verification copy will be returned to Advisor and Student after posting

FOR OFFICE USE ONLY

PROCESSED BY _____ DATE _____

Mail or Fax Completed form to:

Registrar
Long Island University
121 Speonk Riverhead Road LIU Bldg.
Riverhead, NY 11901

Fax: (631) 287-8112