



**FEATHER RIVER COLLEGE
RECORDS OFFICE**

WAIVER OF REQUIRED COURSE

Date _____

Social Security Number: _____ - _____ - _____

Student's Name _____

Course Number and Title to be Waived _____

Semester _____

Section# _____

Justification for Waiver _____

COUNSELOR

Approved _____

Denied _____

Comments _____

Counselor's Signature _____

Date _____

DEAN OF INSTRUCTION

Approved _____

Denied _____

Comments _____

Dean of Instruction's Signature _____

Date _____

RECORDS OFFICE USE ONLY

Received by _____

Date _____