Washtenaw Technical Middle College
Student Records
Application for Waiver of Program/Graduation Requirements

Name: _____
Last **First** **Middle**

WTMC/WCC Student ID#: @_____

Program or Certificate: _____

Expected Month and Year of Graduation: _____

List of requirements(s) to be waived:

_____
_____
_____
_____
_____
_____

Reason for the Waiver – Students must attach a letter addressed to WTMC Board of Directors to this form documenting their reason(s) for requesting the waiver. Students should provide evidence that they are a student in good standing.

Approvals:

_____ _____
Associate Dean/Principal **Date**

_____ _____
Dean **Date**

_____ _____
WTMC Board President **Date**