

NEW PROGRAM WAIVER FORM

For students matriculated in the GSAS programs listed below during the first years of the program. Submit completed forms to: GSAS Office of Academic Programs and Support in Keating Hall 216

| Name: F.I.D.N.: | | | D.N.: | |
|--------------------------------|------------------|------------|---|--|
| Address: | | | | |
| Phone Number:Fordham email: | | | | |
| Degree/Program and Date | of Matriculation | | | |
| OADV/ Conservation Biol | ogy Date of M | latric: | (Must be fall 2017 or earlier) (Must be fall 2017 or earlier.) | |
| OMA/ Ethics and Society | Date of Ma | tric: | | |
| OMA/ Urban Studies | Date of Ma | tric: | (Must be fall 2017 or earlier) | |
| Credits Earned Toward De | gree: | Current GI | PA: | |
| Current Semester: OFall | ○Spring | ○Summer | Year: | |
| Courses for which waiven | is requested: | | | |
| Course Number | # of Credits Co | | Course Title | |
| | | | | |
| | | | | |
| Student's Signature: | | Date | e: | |
| _ | | | has completed on charges for the remaining 20% of | |
| | _ | _ | ses listed above, be waived | |
| according to the GSAS Ne | | • | | |
| | | | | |
| Signed: GSAS Graduate Program | n Director | Date: _ | | |
| # of credits: x | \$per | credit = | Total Amount Waived | |
| Approved: GSAS Dean's Office | ce | Date: | | |