

San Antonio College Administrative Waiver

Name _____ Degree/Major _____
Banner ID _____ Day Phone _____
Address _____ Alt. Phone _____
City/St./Zip _____ Email _____

TYPE OF WAIVER REQUESTED: (Pick applicable from below 1-4.)

1. Extension of 5-year Rule _____
List year of catalogue under which you are attending _____

2. Waiver of Course Requirement(s) _____
Specific Course _____
Specific Course _____
Specific Course _____

3. Waiver of Academic Status _____
List Current Status _____

4. OTHER _____

EXAMPLE: "Accept external coursework applied toward SAC degree" or other request.
Justification required: please state your case* below and/or attach documentation.

*List specific reasons to justify your request for exception to policy. Attach additional page(s) and/or supporting documentation as necessary.

Student Signature _____ Date _____

ADMINISTRATIVE USE ONLY

APPROVED _____ DENIED _____
Department Chair Signature

Comments:

APPROVED _____ DENIED _____
Dean Signature

Comments:

EXPIRATION DATE : _____ (If applicable)