

**DEPARTMENT OF MEDIA & INFORMATION**  
**MA WAIVER REQUEST FORM**  
*(Please type or print)*

Date Submitted \_\_\_\_\_

Name \_\_\_\_\_ Student # \_\_\_\_\_

Local Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

**DEPARTMENT REQUIREMENT OR RULE INVOLVED:**

---

---

**ACTION YOU WISH TO HAVE TAKEN IN RELATIONSHIP TO THIS REQUIREMENT OR RULE:**

---

---

**RATIONALE FOR THIS REQUEST:**

---

---

---

---

\_\_\_\_\_  
(Advisor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Course Instructor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Director of M.A. Studies)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Department Chair)

\_\_\_\_\_  
(Date)