



REGISTRAR

GRADE WAIVER REQUEST FORM

Date: _____

To: _____

(Program Director/Academic Dean)

In making the following recommendation(s) for course waiver, I give assurance that the approval of the recommendation(s) **will not** decrease the total number of hours approved by the UT Board of Trustees to graduate with a _____ degree, in _____ program from UTHSC.

I recommend that the stated minimum acceptable grade in the required course be waived and that a grade of _____ in said subject _____ course # _____ be accepted.

Reason for waiver:

Student 885 Number

Student Name

Signature (Program Director/Academic Dean)

Date

Please scan and e-mail to the Registrar's Office at registrar@uthsc.edu. You may also drop the form off in the Registrar's Office in 910 Madison, Suite 530. If you have questions, please contact the Registrar's Office at 901-448-2495. v.08/05/2024