

**WAIVER OF DEPARTMENT REQUIREMENTS/POLICIES REQUEST**  
DEPARTMENT OF BUSINESS ADMINISTRATION

Name: \_\_\_\_\_

SSU ID# (not SSN!): \_\_\_\_\_

Address: \_\_\_\_\_

Local Phone#: \_\_\_\_\_

\_\_\_\_\_

Catalog Year: \_\_\_\_\_

Email: \_\_\_\_\_@sonoma.edu

Class Level:  Freshman  Sophomore  
 Junior  Senior

Check One:  Pre-Business  Business  
 Business Minor  Other \_\_\_\_\_

.....  
Waiver Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair or Dean Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**OFFICE USE ONLY:**

Approved  Denied  Deferred: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date