

**GRAMBLING STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES & RESEARCH**

REQUEST FOR WAIVER OF ENROLLMENT

Directions: Please complete this form, obtain the proper signatures and submit to the School of Graduate Studies, Charles P. Adams Hall, Room 206.

I, _____, am requesting a “waiver of enrollment” during the
(Full Name Printed or Typed)

_____ semester. I have completed all of my course
(Semester/Session) (Year)

requirements for the _____ degree, except for the Comprehensive Examination during the semester I am requesting the “waiver of enrollment” and I intend to graduate upon the successful completion of the Comprehensive Exam.

Signature of Student

Date

Certification Signatures

Program Director

Date

Department Head

Date

For Use in School of Graduate Studies Only

Received on _____
Date

by _____
Signature