

WAIVER OF THE LAST 32 CREDIT RULE

DATE:

TO: Tom Polito
Ag Student Services
23 Curtiss Hall

FROM: _____
(Adviser name) (Adviser signature)

Student Information

Name:
ID number:
Curriculum:
Catalog Year:

Graduation Information

Term and year of graduation:
Total number of transfer credits applied toward graduation:
Number of transfer credits already waived under the last 32 credit rule:
Current GPA:

Transfer Course Information

Name of transfer institution:
2 year or 4 year:
Term enrolled:
Transfer course name, number and credits:
Evaluated as ISU course name, number and credits:
Graduation requirement being met by this course:

Approved by:

Signature for Department Date

Signature for Dean Date

If in excess of 6 credits or if more than 65 credits from a 2 year institution:

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Registrar's Office Date