



MUTUAL COURSE EXCLUSION WAIVER FORM

Student Name (Last, First, Middle): _____

Student ID: _____ Degree: _____ Major: _____

For the student designated above, this form constitutes approval to allow the following mathematics course to apply toward an OSU degree, thus waiving the "No credit for those with prior credit in (a higher-level mathematics course) ..." restriction stated in the OSU Catalog description for this course.

List of all applicable Course Prefixes and Numbers: _____

Supporting Reasons/Additional Notes: _____

Primary Academic Adviser Signature _____ Date _____

Department Head or Designee Signature (Course's Home Department) _____ Date _____

College Dean or Designee Signature (Student's Home College) _____ Date _____

Vice Provost (Undergraduate/Graduate) Signature _____ Date _____

This form should be submitted to the Office of the Registrar for processing.

Registrar's Use Only		
Date Received: _____	Date Processed: _____	Processed By: _____