MUTUAL COURSE EXCLUSION WAIVER FORM

Student's Name (Last, First, Middle): _____

Student ID: _____   Degree: _____   Major: _____

For the student designated above, this form constitutes approval to allow the following courses to apply toward an OSU degree, thus waiving the "No credit for those with prior credit in ..." mutual exclusion restriction stated in the OSU Catalog description for these courses.

List all applicable Course Prefixes and Numbers: _____

Supporting Reasons/Additional Notes: _____

_____

_____

_____   _____
Primary Academic Adviser   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) Approval: Date

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

Revised:
11/2019