



Completion Waiver

Student Information

Student Name: _____

Program Name/Session/Campus: _____

Program Start Date: _____ Scheduled Graduation Date: _____

Reason for waiver:

- Death
- Incarceration
- Active Military Duty
- Serious Medical Illness
- Relocation out of the area
- Other

Attach supporting Documentation.

To the best of my knowledge, the above information is complete and accurate. I understand that if I knowingly provide false information, my enrollment may be revoked. I also understand that electronically typing my name in this document is considered to have the same legally binding effect as signing my signature using a pen and paper.

Student Signature

Date

Staff Signature

Date

If the student is unable to sign and deliver/fax/scan the above document, the institution may accept placement waivers via e-mail provided that the e-mail account includes at least part of the student's name in his/her e-mail address.

Waivers should be completed post-graduation.