Authorization to Adjust General Education Program (GEP)

Student Name: _____   **ID:** _____

GEP Course Waiver	GEP Area Waived	Total Credits Waived	Degree Type
Authorizes the waiver of GEP courses and credits. **Note:** A waiver of part or all of a requirement does not reduce the total credits required for graduation.	(e.g. HP, QL)	(e.g. 1, 2)	(e.g. BA, BS)
Justification:			

GEP Course Substitution	UWSP or Transfer Course	GEP Area	Degree Type
Authorizes a course that does not normally meet a GEP category to count toward that category.	(e.g. Geog 101)	(e.g. SS)	(e.g. BA, BS)
Justification:			

Approved By:

Advisor: _____   Date: _____
(Please print and sign)

Chair of Major: _____   Date: _____
(Please print and sign)

Dean's Office of Major: _____   Date: _____
(unless CPS Major/Dept. Chair signed above)

Office Use Only GEP Director Approval
O Y
O N
Initials: _____ **Date:** _____

After signatures are obtained, the Dean's Office should forward to the Director of the General Education Program.