

Course Waiver Form



1. Name : _____

2. ID : _____ Trimester: _____

Courses done at:	Marks/ Grades	Credits Earned	Corresponding Courses at UIU

Official Use:

Courses Waived:	
1.	5.
2.	6.
3.	7.
4.	8.
Date & Signature of the Department Head:	

Applicant's Signature: _____

Date: _____

Contact No: _____