

For Office Use ONLY
☐ Approved
☐ Denied
Initial:

Communications Law Waiver Request Form

Name:	SUID:	Date:	
SU Email:	Phone:		
Program of Study:			
Directions: If you recently earned a good may be able to waive the Newhoolly waive the law requirement, you will place. Please contact your Program D	use communications law red Il need to take 3 credits of	quirement. If you successful- elective coursework in its	
Each waiver request will be evaluated does NOT guarantee that the course r		omission of a waiver request	
Please combine a copy of the course syllabus and this form into one PDF file. Then send to nhadvise@syr.edu for review.			
Previously taken law course info	ormation_		
Institution Name:			
Semester and Year:	Course Dept. Number:		
Course Title:			
		Grade Recieved:	
Comments: For Office Use ONLY			
Student Signature:		Date:	
COM Law Signature:		Date:	
Processed By:		☐ Degree Works ☐ OnBase	
Academic Adviser:		Date:	