

## TWL Waiver Form

To: Degree Checking

From: Dr. Andy Klenke, Interim Chair  
Department of Technology and Workforce Learning

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Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Major/Program: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Please allow course(s):

To substitute for course(s):

Justification (if required):

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Andy Klenke  
Interim Chair, Technology and Workforce Learning

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Tim Dawsey (required on Gen. Ed. courses only)  
Dean, College of Technology

\_\_\_\_\_  
Date