



WAIVER REGISTRATION FORM

Name: _____

Address: _____

Social Security #: _____

Course Title: _____

Course Number: _____

CRN: _____ Section: _____

Term: _____

Type of Waiver: _____

Name of Instructing Campus (if not SUNY Cobleskill)

*Waiver information must be submitted by the second week of the term to Human Resources Office.

Approved by: _____ Date: _____

Human Resources