REQUEST FOR WAIVER of UM-FLINT 30-HOUR RULE
School of Health Professions and Studies (SHPS)

STUDENT
Please thoroughly complete, sign this form and return it to your HOME department at the appropriate office listed below:

a. Nursing – 2180 WSW; Phone – 810-762-3420; Fax – 810-766-6581
b. Physical Therapy – 2157 WSW; Phone – 810-762-3733; Fax – 810-766-6668
c. Public Health and Health Sciences – 2102 WSW; Phone – 810-762-3172; Fax – 810-762-3003
d. Pre-Nursing – Academic Advising and Career Center – 285 UPAV; Phone 810-762-3805; Fax 810-762-3024

Your home department will review your request, sign if approved by advisor, and send the request to the Dean for consideration.

- If you are submitting requests for more than one term or more than one institution, please complete a separate form for each.
- Please make sure that all items are complete and legible. Check to make sure that your signature, address, email address, and UMID number are printed clearly on each document.

Name: ________________________________ UMID: __________________
Telephone: ___________________________ Email _____________________________@umflint.edu
Major __________________________________ Faculty Advisor __________________________

Explain reason for request below (or attach typed document):

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Term __________ Year __________ Institution __________

Course Equivalency __________ (UMF course prefix & number) __________ (Guest institution course prefix & number)

Course Equivalency __________ (UMF course prefix & number) __________ (Guest institution course prefix & number)

Student’s signature __________________ Date __________________

DEPARTMENT DIRECTOR
By signing below you indicate support for the student to be exempt from the 30-hour rule for the term and course(s) listed above.

Director's signature __________________ Director’s printed name __________________ Department __________________ Date __________

cc: dept
Registrar’s Office