



UNIVERSITY OF  
**KING'S**  
COLLEGE • HALIFAX

JOURNALISM COMMITTEE ON STUDIES  
WAIVER FORM

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

Current Mailing Address for reply: Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

1. Status: Full time  Part time

2. Are you on Canada Student Loan? Yes  No

3. Please outline your request along with reasons for it, and provide any information you think will assist us in making a decision. If appropriate, please attach supporting documents, eg. medical certificate, letter from professor, etc.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only:

Approved

Declined

Signature of Chair: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Forward to Registrar's Office:**

Effective Date: \_\_\_\_\_

Date Processed: \_\_\_\_\_