

**REQUEST FOR WAIVER OF G.P.A. REQUIREMENT  
FOR SEMESTER STUDY ABROAD**

TO: \_\_\_\_\_, Academic Dean of Student

FROM: Margaret Riley, Associate Dean/Director of Study Abroad

DATE: \_\_\_\_\_

SUBJECT: Student's Request for Waiver of Study Abroad Semester G.P.A. Requirement

**Student's Name:** \_\_\_\_\_

**Student No.:** \_\_\_\_\_

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The above-named student has requested a waiver of the 2.7 G.P.A. requirement for Study Abroad and has submitted a letter in support of this request.

The student has applied to study abroad \_\_\_\_\_ fall semester \_\_\_\_\_ 2008  
\_\_\_\_\_ spring semester OF \_\_\_\_\_ 2009

Please review this student's case and indicate your response below. If the student has been approved with conditions, outline the conditions including time frame. Please be specific. If the student has been denied, please comment on the denial if appropriate.

WAIVER OF GPA REQUIREMENT DECISION:

\_\_\_\_ **Approved (no conditions)**      \_\_\_\_ **Approved (with conditions)**      \_\_\_\_ **Denied**

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Signature of Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Office of Study Abroad, 2016 Campus Drive, Box 90057, (FAX: 919-684-3083) at your earliest convenience. Thank you.