

**PLEASE PRINT**

# GRADUATE WAIVER FORM



**MORTON COLLEGE**

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Term \_\_\_\_\_

<b>MC Graduate Waiver: WMCGR</b>	<b>List Qualifying Course:</b>	<b>In-District</b>	<b>Out-of-District</b>
<b>1 Credit Hour</b>			
<b>1.5 Credit Hour</b>			
<b>2 Credit Hour</b>			
<b>3 Credit Hour</b>			
<b>4 Credit Hour</b>			
<b>5 Credit Hour</b>			
<b>6 Credit Hour</b>			
<b>7.5 Credit Hour</b>			

\_\_\_\_\_  
**OAR Staff Signature**

\_\_\_\_\_  
**Business Office Staff Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**