

**GRAMBLING STATE UNIVERSITY  
SCHOOL OF GRADUATE STUDIES & RESEARCH**

**REQUEST FOR WAIVER OF ENROLLMENT**

**Directions: Please complete this form, obtain the proper signatures and submit to the School of Graduate Studies, Charles P. Adams Hall, Room 206.**

I, \_\_\_\_\_, am requesting a “waiver of enrollment” during the  
(Full Name Printed or Typed)

\_\_\_\_\_ semester. I have completed all of my course  
(Semester/Session) (Year)

requirements for the \_\_\_\_\_ degree, except for the Comprehensive Examination during the semester I am requesting the “waiver of enrollment” and I intend to graduate upon the successful completion of the Comprehensive Exam.

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

\_\_\_\_\_  
Date

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**Certification Signatures**

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\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

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**For Use in School of Graduate Studies Only**

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Received on \_\_\_\_\_  
Date

by \_\_\_\_\_  
Signature