



GENERAL EDUCATION WAIVER REQUEST FORM

(To be used by students who have earned 90 or more credits at Mason)

Student's Name _____
Last First Middle Initial

GNumber _____

Day Phone _____ GMU E-mail _____

George Mason University is not responsible for inaccurate advisement based on late application of the general education waiver.

Reason for this Request:

Student's Signature _____

Return form to:
Office of the Registrar
MS 3D1
Fax (703) 993-4668

NOWV ____yes ____no
Degree posted _____
Waiver posted _____
Initials _____ Date _____