



PROGRAM WAIVER REQUEST

Blue Mountain Community College
2411 NW Carden, P.O. Box 100
Pendleton, OR 97801
(541)278-5930 Office of Instruction
(541)278-5173 Fax
www.bluecc.edu

Program: _____

Academic Catalog Year/s affected: _____

Course or Requirement being waived: _____

Reason for Request: _____



Submitted by: _____

Date: ____/____/20__

Department Chair Signature: _____

Date: ____/____/20__

Accepted Denied

If Denied, Reason for Denial: _____



Vice President, Instruction Signature: _____

Date: ____/____/20__

Accepted Denied

If Denied, Reason for Denial: _____



Registrar Office Use Only:

Date Received: ____/____/20__

Registrar Signature: _____

Date Processed: ____/____/20__

Processed by: _____