



## WAIVER REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_

CRN: \_\_\_\_\_ Section: \_\_\_\_\_

Term: \_\_\_\_\_

Type of Waiver: \_\_\_\_\_

Name of Instructing Campus (if not SUNY Cobleskill)

\*Waiver information must be submitted by the second week of the term to Human Resources Office.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources