



**Thesis Format
Waiver Request**

Student Name: _____

G-Number: _____

Program: _____

I am requesting a waiver of the following format requirements for my thesis or scholarly work:

I am requesting this waiver because:

Student

Thesis Advisor

Date

Graduate Dean

Date

___ Approved

___ Not Approved

This approval must be granted at least 20 days before the end of the semester in which the student is scheduled to graduate.