

**Texas A&M University—Kingsville**  
**REQUEST FOR COURSE WAIVERS OR SUBSTITUTIONS**

\_\_\_\_\_  
Last (family/legal) Name                      First (given) Name                      Middle (name or initial)

\_\_\_\_\_  
Address    City    State    Zip

\_\_\_\_\_  
Student K Number    Major/Degree Program

\_\_\_\_\_  
Telephone    Email Address

Substitute/Waive

Course: \_\_\_\_\_ For: \_\_\_\_\_  
Not needed for Waiver

Reason: \_\_\_\_\_

By submitting this request, I authorize the Coordinator of Disability Resource Center to release any information relevant to making a determination about this request to the appropriate departments. Relevant information may include the following: (1) a current, comprehensive psychological/psychoeducational evaluation; (2) transcripts; (3) degree plan; (4) class attendance records; (5) documentation regarding my utilization of relevant support services (e.g., tutoring, study skills instruction, treatment of math anxiety); (6) record of completed assignments; (7) results of standardized testing; (8) notes from conversations with professionals, teachers, advisors, etc. with whom I have worked. I understand that I may revoke this consent in writing at any time and Council will cease to consider my request any further.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Student is registered with DRC office.                       DRC file is complete.  
 Current documentation relevant to the request is on file.                       Transcript is on file.

Signature of Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

