Augusta State University
Target Request

If a course may be used in more than one area, use this form to indicate in which area the course will be used to fulfill the requirement.

Target Course Subject & Number	Area

Comments: _____

_____

Waiver Request

Course, Area or Requirement to be Waived

Comments: _____

_____

_____ Student Name	_____ Major	_____ Dept. Chair of Waived Course/Area/ Requirement Date
_____ Student ID	_____ Concentration	_____ Dept. Chair of Major Date
_____ Academic Advisor	_____ Minor	_____ Academic Dean of Major Date

Academic Advisor only must sign for Target Request. All signatures required for Waiver Requests.

Targets and Waivers will be reflected in CAPP compliances.

March 2006

Received at Registrar's Office _____
Completed _____