## Middle Georgia State University Learning Support Waiver

Student Name:



This is a request to temporarily postpone taking a required Learning Support sequence. If granted, student will not need to take the required Learning Support sequence during the indicated semester. Waiver must be approved prior to registration. Submit completed form to the assigned academic advisor. Waivers should be emailed to LSwaivers@mga.edu. Please complete form electronically.

Student ID:

Date of Reque	est:	Major:	Advisor:	
Provide information about the LS sequence(s) that you are requesting a waiver for.				
Course(s):		. (.)		
Semester:				
	s that you would like to take:			
Reason for Wa	-			
	LS sequence not offered		Request to take non-LS courses	
	Other Explanation:			
Student must enroll in waived Learning Support sequence during the next semester of attendance. Waivers will typically be granted only once as a Learning Support sequence may be a prerequisite to many college-level courses.  I understand that I must adhere to the Learning Support policies outlined in the USG handbook: <a href="http://www.usg.edu/academic_affairs_handbook/section2/handbook/2.9_learning_support/">http://www.usg.edu/academic_affairs_handbook/section2/handbook/2.9_learning_support/</a> .				
I understand that approval of my request will allow me to enroll in courses without the support of the required Learning Support sequence. I understand that it is my responsibility to become familiar with the Learning Support policies to remain qualified to continue enrollment at Middle Georgia State University.				
Student Sig	gnature:		Date:	
Academic Advis	or Signature	Date		
			APPROVED DENIED	
Office of the Pro	ovost Signature	Date		