

A-12

The University of Louisiana at Monroe
College of Arts and Sciences

Advising Form: **Request for Removal of Developmental Education Requirements**

| | | |
|---------------|----------------------|------------|
| Name _____ | Student Number _____ | Date _____ |
| College _____ | Major _____ | |

| | |
|---|--|
| <input type="checkbox"/> Math 093 <input type="checkbox"/> Transfer (List Institution and Course below) _____ <input type="checkbox"/> Test Out <input type="checkbox"/> Waived <input type="checkbox"/> Completed | <input type="checkbox"/> English 090 <input type="checkbox"/> Transfer (List Institution and Course below) _____ <input type="checkbox"/> Test Out <input type="checkbox"/> Waived <input type="checkbox"/> Completed |
|---|--|

The developmental requirement(s) checked above should be removed from this student's overall developmental requirements.

Comments _____

A dvisor's Signature and Date _____ Approve
 Disapprove

Department Head's Signature and Date _____ Approve
 Disapprove

Dean's Signature and Date _____ Approve
 Disapprove