



FIRST YEAR EXPERIENCE (FYE)

Student Waiver Form

Date: _____

Student Name: _____ Student ID#: _____

Phone _____ Student Email: _____

Students who have already shown college success through previous college study may apply for a waiver. Students may be waived from the course requirement if either of the following apply:

- a. They have completed a credit-bearing AA, AS or higher degree.
- b. They have completed a minimum of 30 college-level credits from an accredited institution at the time of admission or readmission.

Please document which course(s) will substitute for IDS 105 on the student’s Plan of Study:

Course Number	Course Name
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Please submit this form with attached documentation of proof for review to the FYE Program Coordinator – Rhonda Spaziani at rspaziani@threerivers.edu . If you have any questions please call (860) 215-9293 or email rspaziani@threerivers.edu .

Approval Process:

1. **Student Signature** _____
Date _____
2. **Advisor Signature** _____
Date _____
3. **FYE Program Coordinator Review**
Signature _____
Date _____

cc: Academic Advisor
Registrar

OFFICE USE ONLY: