

Health Science Department: Science Waiver

I certify that I have been counseled by my academic advisor/department chairperson/program director about registering for two science courses in the _____ semester. My advisor has explicitly recommended against me taking more than one science course per semester. I agree to assume full responsibility if I register for more than one science course and to absolve Goodwin University from any fault in the matter of my grades in such courses.

Course Code	Course Name

Student Signature: _____ Date: _____

Student's Full Name: (print) _____

Advisor Signature: _____ Date: _____

Advisor's Full Name: (print) _____