



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 College from any fault in the matter of my grades in such courses.

	Course Code	Course Name
1		
2		

Student Name (Print)

Student Signature

Date

Advisor Name (Print)

Advisor Signature

Date