

REQUEST FOR WAIVER FORM

The HEA Executive Board will be convened as to disposition of the request at least one month from time of request.

Subject of Waiver Proposal: _____

The school/program seeking waiver: _____

The section of contract to be waived:

Article: _____ Section: _____ Sub section: _____

Item: _____

The specific reasons for seeking waiver:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The impact on school/program:

The impact on association members:

The percentage of school/program requesting the waiver _____% _____ out of _____

If there is a dissenting or opposing view point, please furnish the statement here or as an attachment:

Signature of contact person for dissenting or opposing group

The request is being submitted by:

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Date Received at HEA

