| **CODE 499 WAIVER REQUEST FORM** | | | |
| --- | --- | --- | --- |
| Name: | | | |
| Capstone Defense Approval Date & Time: | | | |
| Degree: Nanodegree | | | |
| Unit: College of Continuing and Professional Studies (CAPS) | | | |
| Capstone Title: | | | |
| Abstract: | | | |
| ***I, the undersigned, request that the student indicated above be granted a fee waiver for the capstone project he or she completed on time and in accordance with cohort standards.*** | | | |
| **APPROVAL** | | | |
| -----------------------------------------------------------  ***adviser name*** | | -----------------------------------------------------------  ***signature*** | |
|  | | | |