



OFFICE OF THE REGISTRAR

REQUEST FOR COURSE WAIVER / SUBSTITUTION

Student Name: _____ **ID#:** _____

Waiver/Substitution requested for: MAJOR _____

MINOR _____

Expected Graduation Date: _____ **Catalog Year:** _____

REQUIRED COURSE/AREA	SUBSTITUTED COURSE(S)	CREDIT WAIVER	REASON
_____ Subj-Course # _____ Title _____ Credits	_____ Subj-Course # _____ Title _____ Credits	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Cr. Amt.	
_____ Subj-Course # _____ Title _____ Credits	_____ Subj-Course # _____ Title _____ Credits	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Cr. Amt.	

Signatures are required from the student's program (major/minor) adviser, chairperson of the department from which the program is offered and Dean of the school/division in which the major/minor program resides.

Student **Date**

Program Adviser **Date**

Department Chairperson **Date**

Dean of School **Date**

Note: Please fill this form out completely and submit to the Office of the Registrar no later than the eighth week prior to the student's date of graduation.