



Entered by Registrar's office
Date:
By:

Course Waiver/Substitution Request Form

(Note: The waiver of a requirement and/or substitution does not waive the credit value. The student must still complete the required number of credit hours toward the degree.)

Date:	Department:	
Student Name:		Student ID#:
Major, Concentration and Minor (if applicable):		
Area impacted: <input type="checkbox"/> Core <input type="checkbox"/> Major <input type="checkbox"/> Concentration <input type="checkbox"/> Minor		
Type of request: <input type="checkbox"/> Substitution <input type="checkbox"/> Waiver (No course replacing requirement)	Course to be Waived or Substituted:	
	Signature: Dept Chair or Dean of the Sub/Waived Course	
	Course(s) to be used in place (Substitutions only):	
Explanation of rationale for request:		
Approved by:	Signature and printed name of <i>Student Advisor</i> :	Date:
Approved by:	Signature and printed name of <i>Student Program</i> Department Chair:	Date:
Approved by:	Signature of Vice President for Academic Affairs or Applicable Dean:	Date:

CC: Department Chair
 Faculty Advisor
 Student