

Course Substitution or Waiver Request

Student Name: _____ Student ID# _____
 Current Address: _____ Birth Date: _____
 Home Phone: _____ Mobile Phone: _____ Email: _____

Permission is requested to: SUBSTITUTE or WAIVE the following course(s) in the student's major field of study:

Major/Program*: _____ Program Code: _____

Effective Term: _____

Course Number	Course Title	Credits
_____	_____	_____
_____	_____	_____

As a replacement for the following required course(s) (if substitution):

Course Number	Course Title	Credits
_____	_____	_____
_____	_____	_____

Reason: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Advisor Recommendation: Accepted Denied

Reason for Denial: _____

Dean, Academic Affairs: _____ Date: _____

Approval Recommendation: Accepted Denied

Reason for Denial: _____

*Nursing program forms should be forwarded to the dean of Nursing for consideration.

