

Waiver or Substitution Request for Required Course for Major

Student Name _____ ID # _____

Major _____ Catalog Year for Degree _____

Substitute Course(s) _____ for _____

_____ for _____

_____ for _____

Waive Course _____

Waive Course _____

Justification for Request: _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Department Chair _____ Date _____

Approved as requested _____ Approved with change _____ Denied _____

Explanation: _____

Registrar _____ Date _____