



Waiver/Substitution Form

Student Information	
Name: _____	University ID #: _____
Degree/Major/Instrument: _____	Univ. E-mail: _____
Class Year: _____	Phone #: _____
Degree Requirement	
(Check one) <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master	
Course number and title: _____	
Approved <input type="checkbox"/> Substitute <input type="checkbox"/> Waiver	
Course number and title: _____	
Rationale: _____	

Requested By	
Signature of Student _____	
Date: _____	
Approved By	
Department Chair (of degree requirement): _____	
Date: _____	
Assistant Dean of Academic Affairs: _____	
Date: _____	

To: Registrar

Copies to: Student, Department Chair, Advisor, File