



Waiver/Substitution Form

26 Gibbs Street, Room 110, Rochester, New York 14604
Phone: 585- 274-1020 • Fax: 585-276-2150

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 Substitute/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 for Undergraduates: Director of Graduate Advising and Services: _____	
Date:	_____

To: Registrar

Copies to: Student, Department Chair, Advisor, File