



**DIRECTIONS**

PLEASE COMPLETE THIS FORM TO SEEK APPROVAL TO  
SUBSTITUTE OR WAIVE A COURSE FOR AN ELECTIVE OR  
REQUIRED COURSE WITHIN YOUR DEGREE PROGRAM.

## Waiver/Substitution Form

STUDENT INFORMATION						
TODAY'S DATE				URID #		
FIRST NAME				LAST NAME		
E-MAIL				PHONE #		
DEGREE	<input type="checkbox"/> BM <input type="checkbox"/> MA <input type="checkbox"/> MM <input type="checkbox"/> PHD <input type="checkbox"/> DMA			CLASS YEAR		
MAJOR				INSTRUMENT		
COURSE SUBSTITUTION SECTION						
Required Course <i>(As part of the program of study)</i>	Course Number		Title		Credits	
NEW SUBSTITUTION						
<input type="checkbox"/> IN PLACE OF COURSE <input type="checkbox"/> WAIVE REQUIREMENT	Course Number		Title		Credits	
REASON FOR SUBSTITUTION OR COURSE WAIVER						
Required Course <i>(As part of the program of study)</i>	Course Number		Title		Credits	
NEW SUBSTITUTION						
<input type="checkbox"/> IN PLACE OF COURSE <input type="checkbox"/> WAIVE REQUIREMENT	Course Number		Title		Credits	
REASON FOR SUBSTITUTION OR COURSE WAIVER						
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<input type="checkbox"/> IN PLACE OF COURSE <input type="checkbox"/> WAIVE REQUIREMENT	Course Number		Title		Credits	
REASON FOR SUBSTITUTION OR COURSE WAIVER						
ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE?						
SIGNATURES REQUIRED						
STUDENT SIGNATURE				DATE		
DEPARTMENT CHAIR SIGNATURE				DATE		
UNDERGRADUATE DEAN <small>*UNDERGRADUATE STUDENTS ONLY*</small>				DATE		
GRADUATE DEAN <small>*GRADUATE STUDENTS ONLY*</small>				DATE		