



# COURSE SUBSTITUTION/ WAIVER FORM

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
PLEASE PRINT FULL NAME

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Use this section to request a Course Substitution

Request that Course A substitute for Course B:  
(Course A will be credited to the student's transcript in place of required Course B)

Course A (course taken):

\_\_\_\_\_  
COURSE SUBJECT/NUMBER      COURSE TITLE      CREDIT HOURS

Course B (required course replaced by Course A):

\_\_\_\_\_  
COURSE SUBJECT/NUMBER      COURSE TITLE      CREDIT HOURS

Advisor comments: \_\_\_\_\_

\_\_\_\_\_  
STUDENT'S ADVISOR (Signature indicates support for student's request for substitution)      DATE

\_\_\_\_\_  
CHAIR OF SCHOOL OFFERING COURSE B (Signature authorizes DSR to substitute A for B)      DATE

### Use this section to request a Course Waiver

Course to be waived: \_\_\_\_\_  
COURSE SUBJECT/ #      COURSE TITLE      CREDIT HOURS

Rationale (must be completed – please attach any supporting documentation): \_\_\_\_\_

\_\_\_\_\_  
STUDENT'S ADVISOR (Signature indicates support for student's request for course waiver)      DATE

\_\_\_\_\_  
CHAIR OF SCHOOL OFFERING COURSE TO BE WAIVED (Signature authorizes DSR to waive course)      DATE

**RETURN COMPLETED FORM TO THE OFFICE OF STUDENT RECORDS**