

REQUEST: **COURSE SUBSTITUTION**

WAIVER

Student Name: _____

ID # _____

Degree Goal: _____ Expected Grad. Year: _____

Course required on status sheet: (Course Description Attached)

Course & Title # _____

Course taking for substitution: (Course Description Attached)

Course & Title #: _____

**This Sub will apply to
this degree only**

Reason and rationale for the request:

Student's Signature

Date

Department Chair Approval

Date

Vice President for Instruction's Approval

Date

Registrar's Approval

Date