

Date: _____

Student Name: _____ ID #: _____ @ _____

Major: _____ Concentration: _____

Academic Advisor: _____ Student E-mail: _____

Course being waived/replaced

Course Number: _____ Title: _____

OR Requirement being waived/replaced: _____

Course used for substitution

(if any) Course Number: _____ Title: _____

Semester Taken: _____

Rationale for Substitution (attach another page, if necessary):

Signatures

I have reviewed relevant university policies, including GPA and credits earned, to determine my eligibility for this request.

Student Signature: _____ Print Name: _____ Date: _____

Department or Graduate Chair: Support Do Not Support

Signature: _____ Print Name: _____ Date: _____

Academic Dean

Dean of Department for students major: Approve Do Not Approve

Signature: _____ Print Name: _____ Date: _____