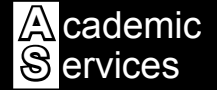




Waiver / Substitution Form



This form should be completed **by the student in consultation with a program faculty member**. A separate form must be completed for each course and/or prerequisite to be waived.

Student Name: _____ Student ID #: _____

Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Expected Graduation Date: _____ Program of Study (degree): _____

Current Phone Number: _____ Advisor Making Referral: _____

The following course requirement, as published in the College catalog or program brochure, is waived and/or substituted:

WAIVE _____ SUBSTITUTE _____

RATIONALE (In detail, state how the substituted course fulfills the program objectives.)

Requested by: _____
Student Signature *Date*

Please route in sequence:	*Approval	**Disapproval	Date
1) Program Faculty***	_____	_____	_____
2) Instructional Dean	_____	_____	_____
3) Registrar	_____	_____	_____

* Approval must be unanimous

** Show rationale for disapproval on reverse side, identified with your name

*** If General Education course, signature of general education faculty member required