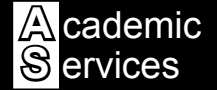




# Waiver / Substitution Form



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