



## Course Substitution/Waiver Form

This form must be typed. Handwritten forms are not accepted and will be returned.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Program of Study/Concentration \_\_\_\_\_

### JUSTIFIABLE COURSE SUBSTITUTIONS

Required Course Number	Required Course Title	Substitution Course #	Substitution Course Title

**Justification:**

Required Course Number	Required Course Title	Substitution Course #	Substitution Course Title

**Justification:**

**COURSE WAIVER (Please note that students must still complete the minimum number of credits required by their program, as stated in the catalog.)**

Waived Course Number	Waived Course Title

**Justification:**

### Required Signatures

\_\_\_\_\_  
Adviser/Date

\_\_\_\_\_  
Program Director/Date

\_\_\_\_\_  
Degree Audit Specialist/Date