

SUBSTITUTION/WAIVER REQUEST

The following ☐ Substitution(s) or ☐ Waiver is recommended:

Student's Name (print)

Peoplesoft ID # or Social Security #

Student's Major

Substituted Course(s) for Required and/or Elective Course(s):

_____	for	_____
_____	for	_____
_____	for	_____
_____	for	_____

Justification: _____

Waiver Justification: _____

_____	_____
Advisor's signature	Date

Approved: _____	_____
Assistant Dean signature	Date

Approved: _____	_____
Academic Dean signature	Date

Approved: _____	_____
Registrar's Office Representative signature	Date