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## Mitchell Technical Institute

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### **COURSE SUBSTITUTION / WAIVER**

STUDENT NAME \_\_\_\_\_

STUDENT ID# \_\_\_\_\_ PROGRAM \_\_\_\_\_

PRORGRAM DEPARTMENT HEAD NAME \_\_\_\_\_

#### **PROGRAM COURSE REQUIREMENT:**

Required Course Number \_\_\_\_\_ Course Title \_\_\_\_\_

#### **FOR SUBSTITUTION:**

Course Number of Substitution \_\_\_\_\_

Course Title of Substitution \_\_\_\_\_

Rationale or Explanation of how substitution meets original requirement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **FOR WAIVER OF PROGRAM REQUIREMENTS:**

Rationale or Explanation for Student not meeting the program requirement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature for Final Approval (VP for Academics or Registrar)

\_\_\_\_\_  
Date

Requests for a course substitution/waiver must first be approved by the Department Head. VP for Academics or Registrar will grant final approval. These requests should be made by the semester prior to the graduation semester.