



COURSE SUBSTITUTION / WAIVER

STUDENT NAME _____

STUDENT ID# _____ PROGRAM _____

PRORGRAM DIRECTOR 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:

Program Director Signature

Date

Signature for Final Approval (Dean of Academics or Registrar)

Date

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