



Office of the National Registrar

WAIVER/SUBSTITUTION FORM

Campus		Major/Program	
Last Name		First	Middle
Phone Number ()		Email Address	
Term/Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____			
Department		Department Head	

This student is waived from the following prescribed courses:

Course #	Course Name	Credit

** The following course(s) must be substituted (completed) for the waived course. No credit is awarded for waived courses.

Course #	Course Name	Credit

Student Signature	Date
Faculty Signature	Date

Office of the Registrar/Processed by

Date: