

DIRECTIONS

PLEASE COMPLETE THIS FORM TO SEEK APPROVAL TO SUBSTITUTE OR WAIVE A COURSE FOR AN ELECTIVE OR REQUIRED COURSE WITHIN YOUR DEGREE PROGRAM.

Waiver/Substitution Form

STUDENT INFORMATION							
TODAY'S DATE			URID #				
FIRST NAME	NAME			ME			
E-MAIL			PHONE #				
DEGREE	EGREE						
MAJOR			INSTRUMENT				
COURSE SUBSTI	FUTION SECTION						
Required Course (As part of the program of study)	Course Number	Title				Credits	
NEW SUBSTITUTION IN PLACE OF COURSE WAIVE REQUIREMENT	Course Number	Title				Credits	
REASON FOR SUBSTITUTION OR COURSE WAIVER							
Required Course (As part of the program of study)	Course Number	Title				Credits	
NEW SUBSTITUTION IN PLACE OF COURSE WAIVE REQUIREMENT	Course Number	Title				Credits	
REASON FOR SUBSTITUTION OR COURSE WAIVER							
Required Course (As part of the program of study)	Course Number	Title				Credits	
NEW SUBSTITUTION IN PLACE OF COURSE WAIVE REQUIREMENT	Course Number	Title				Credits	
REASON FOR SUBSTITUTION OR COURSE WAIVER							
Required Course (As part of the program of study) NEW SUBSTITUTION	Course Number	Title				Credits	
IN PLACE OF COURSE WAIVE REQUIREMENT	Course Number	Title				Credits	
REASON FOR SUBSTITUTION OR COURSE WAIVER							
Required Course (As part of the program of study)	Course Number	Title				Credits	
☐ IN PLACE OF COURSE ☐ WAIVE REQUIREMENT	Course Number	Title				Credits	
REASON FOR SUBSTITUTION OR COURSE WAIVER							
ANY ADDITIONAL INFORMATION	N YOU WOULD LIKE TO SHARE?						
SIGNATURES RE	QUIRED						
STUDENT SIGNATUR	Е			DATE			
DEPARTMENT CHAI	R SIGNATURE			DATE			
UNDERGRADUATE DEAN *UNDERGRADUATE STUDENTS ONLY*				DATE			
GRADUATE DEAN •GRA	DUATE STUDENTS ONLY*			DATE			