REQUEST: ☐ **COURSE SUBSTITUTION** ☐ **WAIVER**

Student Name: _____

ID # _____

Degree Goal: _____ Expected Grad. Year: _____

Course required on status sheet: (Course Description Attached)

Course & Title # _____

Course taking for substitution: (Course Description Attached)

Course & Title #: _____

**This Sub will apply to
this degree only**   ☐

Reason and rationale for the request:

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_____

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_____   _____
Student's Signature   Date

_____   _____
Department Chair Approval   Date

_____   _____
Vice President for Instruction's Approval   Date

_____   _____
Registrar's Approval   Date