

REQUEST FOR MAJOR/MINOR SUBSTITUTION OR WAIVER

Complete this form and return it to the Registrar's Office for Reporting

Name: _____ Simpson ID number: _____

E-mail: _____ Phone/cell number: _____

Anticipated graduation date: _____

REQUEST

Major/Minor affected: _____

Check one:

____ I. Request that _____ substitute for required course _____

Term that substituted course was (or will be) completed: _____

Is substituted course a transfer course? If so, from where? _____

____ II. Request that required course _____ be waived.

RATIONALE

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Please submit a separate form for each substitution or waiver.