

REQUEST FOR SUBSTITUTING A COURSE FOR MAJOR OR MINOR

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

DATE: _____

STUDENT ID _____ STUDENT NAME _____

ANTICIPATED GRADUATION DATE _____

REQUEST

Major/Minor/Cornerstone Affected: _____

I.
Request that _____ substitute for required course(s) _____

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

Advisor Signature ___ approved ___ pro-forma ___ denied

Department Chair Signature ___ approved ___ pro-forma ___ denied

Registrar/Associate Academic Dean ___ approved ___ pro-forma ___ denied

Please submit a separate form for each substitution or waiver.