



Request for Course Substitutions and Waivers

(1) Student's Name (Last, First): _____

(2) Student ID#: _____

(3) Type of Request: Substitution Waiver

(4) **The following course substitution/waiver is requested**

| | Department | Number | Title |
|----------------------------|------------|--------|-------|
| Required Course: | | | |
| Substituted/waived Course: | | | |
| Explanation/Rationale: | | | |

(7) Authorization: Approved Not approved

(8) Authorizing Signatures (required):

Student's Advisor: _____ Date _____

Student: _____ Date _____

This completed form should be turned into the SoHE Graduate Program Office for your student file.