

Petition For Course Substitution/Waiver

A student may petition to have a course substituted or waived under unique circumstance. This form must be completed and submitted to the appropriate Dean.

Date:		Course Substitution	n C	Course Waive	er	
Name:			Student ID:			
Address:		Phone No:				
City:	State:	Zip Code:	Email:			
I hereby petition	for a course sub	estitution or wavier for the f	following a	cademic pro	gram:	
Program Title:			Degree	Certifica	ate	
Catalog for Graduation	on Year:	Grad. Date: Fall:	Spring:	Summer:	Year:	
Required Course	Title and Numb	oer:				
Required Course	Title and Numb	per:				
Advisor Signature	e:		Da	ate:		
Student Signatur	e:		D	ate:		
	Α	ttach appropriate docume	ntation			
		cision: Approved	Denied			
Dean's Signature Comments:	9:		Da	ate:		
OAR Action:		Student Notification:				