Substitution / Waiver Request Form

A substitution may be requested when a student has completed a course that is similar in content to a required course. A waiver may be requested when a student has had previous training or experience equivalent to the instruction in the particular course. (refer to Non-traditional Education form or Credit by Exam form for additional options). **NOTE:** Courses that are waived do not eliminate the total credit hour requirement for a degree or certificate. *All requests must start with the department granting the degree.

Procedures:

1. Student will complete form and submit it to his or her department chairperson.
2. Department Chairperson recommends approval or denial and forwards the request to the department chairperson (or dean if department chair is unavailable) of the course being substituted or waived. (Please submit documentation or written explanation for decision.)
3. Chairperson of the course being substitution or waived reviews and recommends approval or denial of the petition and forwards the request to the Academic Officer designated by the Vice President for Academic Affairs. (Please submit documentation or written explanation for decision.)
4. Academic Officer approves or denies the recommendations of the department chairperson or dean.
5. The Academic Officer forwards the substitution form to the Officer of the Registrar for processing and notification to student. (Documentation included).

Student Name _____
(Last) (First) (MI)

Address _____
(Number and Street) (City) (State) (Zip Code)

SSN or Student Number _____ _____
(Degree) (Emphasis)

SUBSTITUTION REQUEST

Required Course: _____
(Department) (Course Number) (Course Title) (Credits)

Suggested Substitution for Required Course:

_____
(Department) (Course Number) (Course Title) (Credits)

When was course completed for substitution? _____
(Institution) (Semester) (Grade)

Student / department chair comments:

_____

_____

WAIVER REQUEST – NOTE: Cannot waive total number of credits Degree / Certificates.

_____
(Department) (Course Number) (Course Title) (Credits)

Student / department chair comments:

_____

_____

Degree Granting / Chair Signature _____
RECOMMENDED ☐ NOT RECOMMENDED ☐ DATE

Degree Granting / Chair _____
PRINT NAME MAIL SORT CODE

Required Course / Chairperson Signature _____
RECOMMENDED ☐ NOT RECOMMENDED ☐ DATE

Academic Officers Signature _____
APPROVE ☐ DENIED ☐ DATE

Registrar _____
APPROVE ☐ DENIED ☐ DATE

For Official Use Only: Student copy was sent _____ Degree Granting copy was sent _____

White Copy - *Office of the Registrar;* Yellow Copy - *Student;* Pink Copy - *Degree Granting*

40-7-OR-10/06-5M5p