PREREQUISITE AND COURSE WAIVER/SUBSTITUTION

In-house waiver/substitutions Only –Not for credit transfer

Rev. 6/10/14

Student's Full Name(Print)_____

Check One

Course Name and Number

	I request a waiver for:	
	Please have the Faculty Member scheduled to teach the above course sign and date here:	

Course Name and Number

	I request a course waiver for:	
	Reason for request:	
	Department Chair Signature:	
	VPAA Signature:	

Course Name and Number

	I request a course substitution for	Required Course Name and Number:
		Desired wMe20sD$d• $â3•a"N²–H ŽòCH4#)d€Hï$ƒ4"–H Žó cB–HH Hï0„‹