College of Arts & Sciences
Request for Substitution or Waiver

Name_____ SS#_____

Degree_____ Major_____ Option (if applicable) _____

Catalog Year _____

Substitute/Count					**Requirement Type** (check types that apply)		
Course		Semester	For	Required Course or Category	University	Arts & Sciences	Major
1							
2							

Waive		**Requirement Type** (check types that apply)		
	Required Course, Category, or Policy	University	Arts & Sciences	Major
1				
2				

(Note: Requests to substitute or waive a course offered by a different department must be accompanied by a memo of support from that department)

Justification:

_____

_____

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_____

Approved:

_____

Dept. Head Date

_____

Dean Date

Disapproved:

_____

Dept. Head Date

_____

Dean Date

Comments:

_____

_____

Encoded in STAR: _____ **Revised 8/31/04**

Initials Date