

Degree Required Course Substitution/Waiver

NAME		STUDENT ID
MAJOR CURRENT SEMESTER		OPTION/CONCENTRATION SEMESTER SUBSTITUTION/WAIVER APPLIES
Advisor, Department Cha	ir and Dean.	e submitted in writing and approved by the student's er unless proof of extenuating circumstances are
Comments		
Advisor Approval		Dept. Chair's Approval
Dean's Approval		Registrar Office