

**COURSE SUBSTITUTION/WAIVER AUTHORIZATION
OFFICE OF THE REGISTRAR**

Division _____ Degree Program _____ Catalog Year _____

Student _____ ID# _____

Required Course(s)	Substitution Course(s)	Rationale
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

Course(s) Waiver	Code (see below)
• _____	_____
• _____	_____
• _____	_____

Code Explanation:

- | | |
|----|---|
| 1. | Not required under previous catalog requirement |
| 2. | Course is not being offered for the following semester(s) _____ |
| 3. | Other _____ |
| | _____ |
| | _____ |

Advisor Signature: _____ Date: _____

Division Dean Signature: _____ Date: _____

Registrar Signature: _____ Date: _____