Waiver or Substitution Form

Date ________________ Please make the following adjustment in the program for:

Student Name_____________________________ ID # _______________________

General education waivers/substitutions must be approved by the provost.

___ Waive: ______________________________

COURSE NUMBER

COURSE NAME

___ Substitute: __________________________

COURSE NUMBER

COURSE NAME

for

COURSE NUMBER

COURSE NAME

Please return this form to the Registrar’s Office.

_________________________________

FACULTY SIGNATURE

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