



COURSE SUBSTITUTE / WAIVER PETITION FORM

Please use this form to waive courses and/or substitute courses to your Major/Minor. No required courses or elective distributions will be waived or substituted without permission of your Advisor.

INSTRUCTIONS: Please meet with your advisor prior to completing this form with the proposed course substitution. Attain advisor approval signature and submit to Student Services Staff.

STUDENT NAME: _____ STUDENT ID #: _____

EXPECTED GRADUATION QTR/YR: _____ MAJOR/MINOR: _____

Substitution Details – requires Advisor or Department Chair signature below

Required Course # and Title	Units	Substitute Course # and Title	Name of Institution	Qtr/Yr Taken	Units	Grade

Please write a brief description that explains why this course(s) should be used to satisfy your major or minor requirements. Attach Full Course Syllabus.

APPROVAL SIGNATURE:

Major/Minor Advisor's Name/Signature/Date

Department Chair's Signature/Date

Comments: _____