



If no proof required, due to pre-arrangement, Advisors initials here:

Request for Course Waiver and Substitution

Student Information

Name

First

Last

Student ID/SS #

Address

Street

City

Zip Code

Phone

Day

Evening

Email

Certificate

Substitution

Course to be waived

MULT #

Why waive this course?

Course to be substituted

MULT #

Why this substitution?

For Office Use Only

Approved

Advisor's Signature

Date

Not Approved

Notes