



**PRE-REQUISITE AND COURSE
WAIVER/SUBSTITUTION**
In-house waiver/substitutions Only – Not for credit transfer

Rev. 6/10/14

Student's Full Name: (Print) _____

Check One

Course Name and Number

	I request a Pre-requisite waiver for:	
Please have the Faculty Member scheduled to teach the above course sign and date here:		

Course Name and Number

	I request a course waiver for:	
Reason for request:		
Department Chair Signature:		
VPAA Signature:		

Course Name and Number

	I request a course substitution for:	Required Course Name and Number:
		Desired Substitute Name and Number:
Reason for request:		
Department Chair Signature:		
VPAA Signature:		

Student Signature and date: _____

Advisor – (signature & date) _____

Comments (if any):