



**PREREQUISITE 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 prerequisite 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):