Waiver or Substitution Form

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

Student Name_____________________________ ID # _______________________

Core or Transcore waivers/substitutions must be approved by the provost.

___ Waive:       _____________________________
COURSE #                        COURSE NAME

___ Substitute:     _____________________________
COURSE #                                  COURSE NAME

for

REQUIRED MAJOR COURSE #                  COURSE NAME

_________________________________
FACULTY NAME          SIGNATURE

Please return this form to the Registrar’s Office.

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