

Waiver or Substitution Form

Date	Please make the following adjustment in the program for:	
Student Name	ID #	
General education w	aivers/substitutions r	nust be approved by the provost.
Waive:		
	COURSE NUMBER	COURSE NAME
Substitute:	COURSE NUMBER	COURSE NAME
	COURSE NUMBER	COURSE NAME
		for
	COURSE NUMBER	COURSE NAME
FACULTY SIG		Please return this form to the Registrar's Office
Waiver or Substit	cution Form	DEFIANCE COLLEGE To Know • To Lead • To Serve • To Understand
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FACULTY SIG	GNATURE	