



APPEAL FOR COURSE SUBSTITUTIONS – COURSE WAIVERS

Please print. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

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Last Name	First Name	Middle Initial
Student Number (Social Security)		Anticipated Graduation Date: ____/____/____
Current Curriculum (Major)		Current Concentration
Reason for Appeal or substitution: _____ _____		
Date of Appeal: ____/____/____	Student's Signature: _____	

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Appeal effective for	<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Winter 20__
	<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Summer 20__
Waiver (Specify Course): Major Course: _____ General Education Course: _____ Reason for Waiver: _____ _____		
Course Substitution: Major Course: Substitute _____ for _____ General Education Course: Substitute _____ for _____ Reason for Waiver or Substitution: _____ _____		

Approved:
 Denied:

 Department Chairperson

 Date

Registrar's
 Processing:

Received _____

Date _____