



Request for a Course Substitution/Course Waiver

DIRECTIONS

For seniors only; a completed form will only be accepted no later than one semester prior to completion of program of study.

STUDENT INFORMATION

First Name _____ Last Name _____

ID Number A000 _____ Date _____

E-mail _____ Mobile Number _____

Catalog Year _____ Credits Completed _____ CGPA _____

Major (include concentration/specialization) _____ Minor _____

COURSE SUBSTITUTION

Required Course	Proposed Course Substitution	Reason for Proposed Substitution (To be filled in by the Dean)

COURSE WAIVER (Note: Waiving the course does not waive the credits required to graduate)

Course to be waived	Reason for waiving the course requirement (To be filled in by the Dean)

Approval:

Program Chair's Signature & Date

Dean's Signature & Date

Provost & Vice President Academic Affairs' Signature & Date

AUN Curriculum Committee Chair's Signature & Date

Changes recorded by Registrar's office Name _____ Date _____