Course Substitution or Waiver of Degree Requirement

(Use for transfer credit, placement exams, or MC course substitutions)

Student's Name: _____ ID#: _____

Student's Major: _____ Expected Grad Year: _____

Course # of the MC Required Course:	Course # of Substitution (or Waiver):

_____ _____

Student Signature Date

_____ _____

Advisor Signature Date

_____ _____

Division or Core Chair Date

Rec'd in the Office of the Registrar:

By _____ _____

Date