

UNDERGRAD COURSE SUBSTITUTION/WAIVER REQUEST

Spurgeon College
Registrar's Office

Name: _____ ID No: _____

Campus Box/Other Address: _____

Major: _____ Anticipated Graduation Date: _____

Total Hours Completed: _____ Total Hours Remaining: _____

A course substitution or waiver must first be approved by a professor who normally teaches the course. The form will then be reviewed by an Academic Dean. In some circumstances, the request may proceed to the Undergrad Academic Policy Committee for review.

Obtain signatures for steps 1 and 2 below. This substitution/waiver is official only after this completed and signed form is received in the Registrar's Office.

This request is for: a course substitution a course waiver

Required Spurgeon College Course:	Replacement or Substitution Course:
Course No:	Course No:
Title:	Title:
Credit Hours:	Credit Hours:
<input type="checkbox"/> Check if this is or will be a Transfer Course and list the transfer school and term the course was or will be taken:	

Reason(s) for requesting this substitution/waiver:

1.	This substitution /waiver is: <input type="checkbox"/> approved <input type="checkbox"/> denied Course Professor's signature: _____ date: _____
2.	This substitution / waiver is: <input type="checkbox"/> approved <input type="checkbox"/> denied Academic Dean's signature: _____ date: _____

Registrar's Office Use: Date Received: _____ Received by: _____