



**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 _____
