



Degree Requirement Substitution or Waiver

Student's Name: _____
(Print Clearly) *(First, M.I., Last)*

Class Year: _____

Major(s): _____ **Minor(s):** _____

Course Substitution in Major or Minor

Required Course: _____ **Replacement Course:** _____

Foreign Language Requirement Waiver

Language: _____ **Requirement Waived:** YES _____ NO _____

Other Requirement Waiver

Requirement: _____

Requirement Waived: YES _____ NO _____

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Department Chair Signature: _____ **Date:** _____

