



# REQUEST FOR SUBSTITUTION OR WAIVER OF ACADEMIC REQUIREMENTS

NAME: \_\_\_\_\_

Student ID # \_\_\_\_\_

Please approve the following: \_\_\_\_\_ Substitution or \_\_\_\_\_ Waiver (Check one. Only one Substitution or Waiver request per form.)

Dept. Name	Course #	Course Title	Credits	Term Taken	Grade	Institution
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Dept. Name	Course #	Course Title	Credits	Term Taken	Grade	Institution
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**FOR:** (Use this area for substitutions)

Dept. Name	Course #	Course Title	Credits	Term Taken	Grade	Institution
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Dept. Name	Course #	Course Title	Credits	Term Taken	Grade	Institution
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Anticipated Graduation Date: \_\_\_\_\_ I am following the \_\_\_\_\_ catalog.

Major(s): \_\_\_\_\_

Reason(s) for request:

Minor(s): \_\_\_\_\_

Specialization(s) \_\_\_\_\_

**Student's Signature**

Date

(A typed signature is considered an official signature)

To electronically submit this form, save the form to your computer, attach it to an email to [records@mayvillestate.edu](mailto:records@mayvillestate.edu)

Comments: \_\_\_\_\_

\_\_\_\_ Approve \_\_\_\_ Disapprove

**Advisor's Signature**

Date

Comments: \_\_\_\_\_

\_\_\_\_ Approve \_\_\_\_ Disapprove \_\_\_\_ Refer to Registrar

**Division Chair's Signature**

Date

**Inclusion in TES**

Comments: \_\_\_\_\_

\_\_\_\_ Approve \_\_\_\_ Disapprove

**Registrar's Signature**

Date

## OFFICE USE ONLY

E-mail confirmation sent to:

Entered in ARR: \_\_\_\_\_

\_\_\_\_ Student

\_\_\_\_ Advisor

Email sent by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_ Division Chair

\_\_\_\_ Assistant Registrar

Date: \_\_\_\_\_