

MASTERS DEGREE

ACADEMIC PLAN SUBSTITUTION/WAIVER FORM

**THIS WILL NOT SATISFY ANY REQUISITE REQUIREMENTS
IF NECESSARY, ATTACH REQUIRED PRE-REQUISITE WAIVER FORMS**

STUDENTS NAME _____

CAMPUS ID # _____

COURSE SUBSTITUTION

Course _____ is an acceptable substitute for Course _____
(Course Catalog Number) (Course Catalog Number)

This substitution will take place in my Program of _____ in the Core/Requirements/Emphasis
(Fill in Program) (Circle appropriate section)

(Chairperson's Signature or designee)

(Date)

COURSE WAIVER

Waive Course _____
(Course Catalog Number)

This waiver will take place in my Program of _____ in the Core/Requirements/Emphasis
(Fill in Program) (Circle appropriate section)

(Chairperson's Signature or designee)

(Date)