

UNIVERSITY OF WISCONSIN – GREEN BAY
ACADEMIC PLAN SUBSTITUTION / WAIVER FORM

This will NOT satisfy any prerequisite requirements

First Name: _____ Last Name: _____

Campus ID#: _____ Date: _____ Grad Date: _____

Course Substitution

Course _____ is an acceptable substitute for Course _____
(course catalog number) (course catalog number)

This substitution will take place in my Major / Minor of _____
(circle appropriate section & fill in the major or minor)

in the Supporting / Upper level Requirements. (Circle appropriate section)

Additional Comments: _____

Only the department chair is eligible to sign this form

(Chairperson's Signature)

(Date)

Course Waiver

Waive Course _____
(course catalog number)

This waiver will take place in my Major / Minor of _____
(circle appropriate section & fill in the major or minor)

in the Supporting / Upper level Requirements. (Circle appropriate section)

Additional Comments: _____

Only the department chair is eligible to sign this form

(Chairperson's Signature)

(Date)

RETURN FORM TO:

Registrar's Office

Student Services 1000, 2420 Nicolet Drive, Green Bay, Wisconsin 54311-7001

Phone (920) 465-2059 • FAX (920) 465-2765