

COURSE WAIVER & SUBSTITUTION APPROVAL FORM

STUDENT INFORMATION					
Last Name		First Name			
Semester		Date			

COURSE WAIVER							
Please waive the following course(s):							
Course Number	Course Title	Credit Hours	Rationale				

COURSE S	SUBSTITUTION				
Please sul	bstitute the following course(s):				
Substitution Course		Apply Towards			
Course Number	Course Title	Credit Hours	Course Number	Course Title	Credit Hours

ACADEMIC APPROVAL					
Student Signature		Date			
Academic Dean Signature		Date			

Please email the form to the Registrar's Office at registrar@stpsu.edu