



ST. PATRICK'S SEMINARY & UNIVERSITY

ESTABLISHED 1886

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COURSE SUBSTITUTION/WAIVER APPROVAL FORM

Please complete this form for any deviations from the stated coursework degree requirements.

Student Information

Last name		First name		MI	
Program		(Arch)Diocese		Semester	Fall Spring

Please select one:

Course Substitution	Course Waiver
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Course Substitution

Substitution Course:			Apply Toward:		
Course Number	Course Title	Credit Hours	Course Number	Course Title	Credit Hours

Rationale for course substitution: (attach additional documentation to support the decision)

Course Waiver

Please waive the following course:

Course Number	Course Title	Credit Hours

Rationale for waiving above course: (attach additional documentation to support the decision)

Student Name

Student Signature

Date

Instructor's Name

Instructor Signature

Date

Academic Dean Name

Academic Dean Signature

Date

OFFICIAL USE ONLY

Added a Populi note (initial) _____

Substituted/Waived course in Student's populi transcript (initial) _____

Placed in student file by: **Name** _____ **Signature** _____ **Date** _____