



COURSE SUBSTITUTION/WAIVER FORM
Graduate Students

(This form is to be completed and signed by the Graduate Program Director.)

Student Name: _____ ID# _____

Plan/Major: _____ Date: _____

Graduate Program Director Name: _____

Graduate Program Director Signature: _____

SUBSTITUTION

Courses listed in this section will be treated as exceptions and will apply solely to the record of the student listed on the form. Please submit to the Registrar's Office for processing.

Use this course
Ex. COUNSL 601

In place of this course
Ex. SPY G 605

Reason

_____	_____	_____
_____	_____	_____
_____	_____	_____

WAIVER

Courses listed in this section will be waived, meaning the student is exempt from taking the course or fulfilling the requirement. The credit minimum for your major is NOT waived.

Waive this course/requirement
Ex. COUNSL 601
