



Course Substitution or Waiver Request Form OFFICE OF REGISTRATION AND RECORDS

To be completed by the student in consultation with a Student Success Advisor or Faculty Advisor.

Submit the completed form to the Office of Registration and Records.

I, Student Name (Print) _____, request approval to make the following exceptions to my program requirements.

Verify your identity:

SAU ID# or last 4 of SSN _____ Date of Birth Month _____ Day _____

Course Substitution

You **took or are registered to take** a course that will take the place of a required course.

What is the course you took/are taking that is substituting for the required course?

- a. Prefix and code (e.g. BIB218) _____
- b. Semester/yr. you took/are taking the course
 Fall Interim (Main Campus Only) Spring Summer (Main Campus Only)
 Year taken: _____
- c. What is the required course being substituted? Prefix and code _____

Explain the reason this substitution is necessary.

Department chair/dean (print) _____ Initials _____ Date _____

Course/Requirement Waiver Request

*Waivers are considered **only** when substitution options are not available.*

Course/requirement you want to waive: Course Prefix and code (e.g. BIB218) _____ or what is the requirement if not a course? _____

Explain why this requirement should be waived.

NOTE: Waived courses do not add credit hours to your total hours. You will likely need to take a different course to replace the credit hours waived if this petition is approved.

Department chair/dean (print) _____ Initials _____ Date _____

Registrar Initials _____ Date _____