



COURSE SUBSTITUTION/COURSE WAIVER

Name: _____

Student I.D. No. _____

Campus: _____

Program Major: _____

Course Substitutions and Course Waivers are to be requested by advisor/instructors only.

COURSE SUBSTITUTION			
Course(s) Taken			Transfer Credit Accepted
Course Number/Title	College	Grade	Course Title

COURSE WAIVER
<p>The following course, _____, will be waived due to extenuating circumstances, e.g. course no longer required, course no longer offered, course content embedded in another course, etc. (Justify Below)</p> <p>Justification _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Caution: The required number of total credit hours for a program exit must be earned to receive a credential.</p>

Approval:

Program Academic Advisor/Instructor

Date

Chief Academic Officer or Designee

Processed:

Student Affairs Office

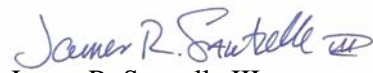
Date

Policy Reference: IS.1930.124

Review Process:

X	Reviewing Council/Entity	Review Date	Effective Date
X	Student Affairs Officers	08/08/06	
X	Academic Affairs Officers	08/08/06	
X	Regional Directors	06/01/07	
X	Vice President for CTE	06/01/07	06/01/07

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James R. Sawtelle III

Vice President for Career and Technical Education