



REQUEST FOR SUBSTITUTION OR WAIVER

Office of the Registrar, 3800 Victory Parkway, Cincinnati OH 45207-3351 Phone 513 745-3941

Date: _____ Student Status: (circle one) Freshman Sophomore Junior Senior Graduate

Student I.D. Number _____ Last Name _____ First Name _____ Middle Initial _____

College _____ Degree _____ 1st Major _____ 2nd Major _____ Minor _____

This is a request for a course substitution or requirement waiver as follows:

Substitution of: _____ for _____ *

_____ for _____ *

_____ for _____ *

_____ for _____ *

Waiver of: _____

Rationale of request: _____

Date: _____ Requested by: _____
Advisor or Originator

*** Recommendation/comment and signature from department chair of discipline for the substituted or waived course:**

I recommend that the substitution/waiver request be: Approved _____ Denied _____

Additional Comment: _____

Date: _____ Department Chair: _____

(Please forward to Dean's office of substituted/waived course)

*** Signature from dean of discipline for the substituted or waived course:**

Date: _____ Approved by: _____
Dean

Send completed form directly to the Office of the Registrar (ML 3351).

Office Use Only:

Date Posted: _____ by whom _____

If not posted, why? _____