

Oklahoma Baptist University
SUBSTITUTION APPROVAL/WAIVER
(Attach copy of official course description, if applicable)

Student's Name _____ I.D. _____

Advisor _____ Major _____ Minor _____

SUBSTITUTE

Course Number _____ Course Title _____ Hrs. Credit _____

Completed/to be completed at _____

Date completed/to be completed ____/____/____ (Void after this date)
Mo. Day Year

For O.B.U. requirement:

Course Number _____ Course Title _____ Hrs. Credit _____

Common Core _____ Flex Core _____ Major _____ Minor _____ Elective _____

Explanation _____

WAIVE

Course Number _____ Course Title _____ Hrs. Credit _____

Explanation _____

AUTHORIZATION

Student's Signature

Advisor's Recommendation

Date

Date

(If B.S.E.) Director of Teacher Education's Approval: _____
Date

Dean's Approval

Date

Copies to: Student _____ Advisor _____ Degree Counselor _____