Substitution Approval/Waiver Application

Student Name: _________________________________________ ID#: __________________
Phone#: ___________________________ Email: __________________________
Major: ___________________________ Minor: ___________________________

Substitution Information

<table>
<thead>
<tr>
<th>Department</th>
<th>Course#</th>
<th>Course Title</th>
<th>Hrs. Credit</th>
</tr>
</thead>
</table>
| University | Expected Date of Completion

Explanation: ________________________________________________________________

***Attach copy of Course Description from Transfer University***

<table>
<thead>
<tr>
<th>Department</th>
<th>Course#</th>
<th>Course Title</th>
<th>Hrs. Credit</th>
</tr>
</thead>
</table>

Course is part of (Circle One): Common Core   Flex Core   Major   Minor   Elective

OR

Waiver Information

<table>
<thead>
<tr>
<th>Department</th>
<th>Course#</th>
<th>Course Title</th>
<th>Hrs. Credit</th>
</tr>
</thead>
</table>

Explanation: __________________________

Signature Approval for Substitution/Waiver

Student Signature Date

Advisor’s Printed Name Advisor’s Signature Date

Dean’s Printed Name Dean’s Signature Date

Return this form to Teri Walker, Academic Center, 2nd Floor North Thurmond Hall