

Substitution Approval/Waiver Application

Student Name: _____ ID#: _____

Phone#: _____ Email: _____

Major: _____ Minor: _____

Substitution Information

Transfer Course

Department Course# Course Title Hrs. Credit

University Expected Date of Completion

Explanation: _____

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

OBU Course

Department Course# Course Title Hrs. Credit

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

OR

Waiver Information

Department Course# Course Title Hrs. Credit

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