

Course Substitution/Waiver Request

Authorization to Substitute or Waive Course(s) Required for Graduation

Student Name: _____ ID: _____

Expected Graduation Term: Spring Summer Fall Year: _____

SUBSTITUTIONS – Course content of two (2) courses are not equal, however the substituting course may be used to meet requirement. Please be sure to indicate where substitution course was taken. If substitution course was taken here at Andrew College, please enter ‘AC’.

Requirement				Substitution Requested					
Course Prefix	Course Number	Course Title	Cr. Hrs	Course Prefix	Course Number	Course Title	Institution Taken	Cr. Hrs	Grade

WAIVERS

Waive course or requirement:				Reason for Waiver: Attach any supporting documentation.
Course Prefix	Course Number	Course Title	Cr. Hrs	

This form must be completed in its entirety by the student’s Academic Advisor, and approved by the appropriate Division Coordinator, as well as the Dean of Academic Affairs BEFORE being submitted to the Registrar.

Academic Advisor _____
Date

Division Coordinator _____
Date

Approved Denied

Dean of Academic Affairs _____
Date

Approved Denied

Registrar _____
Date