

FAYETTEVILLE STATE UNIVERSITY
GRADUATE PROGRAMS

COURSE WAIVER OR SUBSTITUTION REQUEST

College/School _____ Department _____

Student's Name _____ Banner ID# _____
(Last) (First) (Middle)

In reference to the student named above a course __ waiver __ substitution is recommended in connection with the course(s) listed below:

COURSE & NUMBER	COURSE TITLE	SEMESTER HOURS
1.		
2.		
3.		

The course(s) to be substituted (is/are) as follows (List in the same order as above. The course listed "1." above will be considered as the recommended substitution listed as "1." below):

COURSE & NUMBER	COURSE TITLE	SEMESTER HOURS
1.		
2.		
3.		

Reason and justification for request: _____

APPROVED (Signature)

DISAPPROVED (Signature)

Advisor Date

Dept. Chair/Director Date

College/School Dean Date

Advisor Date

Dept. Chair/Director Date

College/School Dean Date

COPIES: Advisor
Dept. Chair/Director
Dean of College/School
Registrar