FAYETTEVILLE STATE UNIVERSITY
Fayetteville, North Carolina 28301

COURE WAIVER OR SUBSTITUTION REQUEST

College/School Basic and Applied Sciences Department Criminal Justice

Student's Name _____ SS# _____
Last First Middle

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

Course & Number	**Description**	**Semester Hours**
1.		
2.		
3.		

*The course(s) listed below will be used in place of the above course requirement(s), respectively.

1		3
2.		
3.		

REASON AND JUSTIFICATION FOR REQUEST: The two courses are similar in content. The student will not suffer any academic loss as a result of this substitution. This substitution will allow the student to graduate in December of 2005

APPROVED		**DISAPPROVED**	
Advisor	Date	Advisor	Date
Department Chair	Date	Department Chair	Date
Dean, College/School	Date	Dean, College/School	Date
Vice Chancellor for Academic Affairs	Date	Vice Chancellor for Academic Affairs	Date

COPIES: Registrar Department Chairman College/School Dean
Advisor Student

(Revised 10/94)