

FAYETTEVILLE STATE UNIVERSITY  
THE GRADUATE SCHOOL

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	DESCRIPTION	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	DESCRIPTION	SEMESTER HOURS
1.		
2.		
3.		

Reason and justification for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED (Signature)

DISAPPROVED (Signature)

\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Dept. Chair/Director Date

\_\_\_\_\_  
College/School Dean Date

\_\_\_\_\_  
Dean of The Graduate School Date

\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Dept. Chair/Director Date

\_\_\_\_\_  
College/School Dean Date

\_\_\_\_\_  
Dean of The Graduate School Date

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