



Office of the Registrar
Course/Catalog Substitution or Waiver Request Form

College/School: Department:
Student's Name: Banner ID:
Select One: Substitution Waiver (Course or Catalog) Cumulative GPA:

Course/Catalog Substitution: (Meets the same pedagogical student learning objectives)

(1) Required Course/Catalog (Please attach a copy of the course description from FSU or other Institution)
Course Title and Number:
Catalog Year:
(2) Substituted Course/Catalog (Please attach a copy of the course description from FSU or other Institution)
Course Title and Number:
Catalog Year:
(3) Justification

Course Waiver Request: (Sufficient knowledge in this area to warrant an exemption)

(1) Course/Catalog requested (Please attach a copy of the course description from FSU or other Institution)
Course Title and Number:
Catalog Year:
(2) Reason for waiver

Advisor (Print & Sign): Date: [] Approved [] Disapproved
Department Chair: Date: [] Approved [] Disapproved
Dean (School/College): Date: [] Approved [] Disapproved