

College of Health Sciences

Waiver/Course Substitution Request

(Please print and use ballpoint pen)

Date: _____

Name _____

MUID _____

Major _____

Minor(s) _____

Advisor _____

Email _____

Specific Request (i.e. Course substitution for what degree requirement*): _____

***Review your Academic Advisement report in CheckMarq for your degree requirements.**

Note: An approved waiver request affects only that specific degree requirement, NOT any other degree requirement (i.e. total credits, upper division credits, final 30 credits at MU, credits in the major, etc.)

Justification for waiver request include exact course numbers, titles and term completed along with rationale for making the request (attach additional pages/supportive documents as necessary):

Any request for a waiver involving major or minor requirements must first be approved by the Department Chairperson or Program Director

| | | | |
|------------------|----------------|-------------------------|-------|
| Request Approved | Request Denied | _____ | _____ |
| | | Program/Dept. Signature | Date |

Completed forms should be submitted to the CHS main office, SC 244, for final approval.

| | | | |
|------------------|----------------|-------|-------|
| Request Approved | Request Denied | _____ | _____ |
| | | | Date |