



# 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**

Department Chair or Program Director review (required for major or minor)

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

Request Approved      Request Denied \_\_\_\_\_      \_\_\_\_\_  
Date

revised 5/09