



Course Substitution / Course Waiver

Registrar's Office
 937-484-1373
 579 College Way
 Urbana OH 43078

Name of Student (Last, First, Middle Initial):	Student I.D. Number
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Number of Credits Completed	Entrance Term / Year	Date of Request:
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Waiver Request

UU Requirement to be waived	Course ID	Rationale

Substitution Request

Name of College	Course ID & Course Title	Substituted for UU's Course ID

Rationale

Required Signatures:

Student _____	Major _____
Advisor _____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Date _____
College Dean of Course _____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Date _____
College Dean of Major _____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Date _____
Dir. Teacher Edu. (Edu. Majors Only) _____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Date _____
Sr. Vice-President Academic Affairs _____	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Date _____

Reason for Disapproval:

Please attach all supporting documentation and course descriptions (for substitutions) from the college catalog year the course was taken. After securing required signatures, this form should be forwarded to the Office of the Registrar where the original will be kept in the student's academic file. A copy will be sent to the Advisor for the advising file.

The Advisor should notify the student of approval/disapproval.