

COURSE WAIVER/SUBSTITUTION REQUEST FORM

The following request is a course waiver course substitution course waiver AND course substitution

Student Name (Last, First, Middle)		Date	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	International Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree Program	Semester/Term of Substitution	Entering Catalog Year	UTHSCSA ID#	

The following course(s) is/are being waived or substituted as requested above for course(s) originally listed on the student's degree plan. Please attach a copy of your license, certification, course descriptions, syllabi or other documents requested by the school for justification of the waiver or substitution.

	Course Taken at Previous Institution or School					Please circle:	Course on UTHSCSA Degree Plan		
	School	Term/YR	Subject	Course	SCH		Subject	Course	SCH
Advisor/School Use						Waived Substituted			
						Waived Substituted			
						Waived Substituted			
						Waived Substituted			

Note: Credit cannot be awarded for courses audited at the previous institution.

I request that these courses be waived or substituted for courses required within this student's major/program curriculum and certify that the substitutions satisfy curricular and institutional requirements:

Printed Name of Department Representative

Signature/Date

Printed Name of COGS Chair
(for GSBS only)

Signature/Date

Printed Name of Associate Dean

Signature/Date

Do not write below this line

Office Use Only	Comments:	Date File Processed
		Processed By