

COURSE WAIVER/SUBSTITUTION REQUEST FORM

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

The following course(s) is/are being substituted 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.

Advisor/School Use	Course Taken at Previous Institution					Course on Degree Plan		
	Term/YR	Subject	Course	SCH		Subject	Course	SCH
					Substituted for			
					Substituted for			
					Substituted for			
					Substituted for			
					Substituted for			
					Substituted for			

I request that these courses be 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 Associate Dean Signature Date

Do not write below this line

Office Use Only	<i>Comments:</i>	<i>Date Received</i>
		<i>Received By</i>
		<i>Date File Processed</i>
		<i>Processed By</i>