



College of Health Science



Waiver/Course Substitution Request

(Please print and use ballpoint pen)

Name _____
Last First Middle

Date _____

MUID _____

Major _____

Address _____
Apt.#

Minor(s) _____

City State Zip

Advisor _____

Phone # _____

Email _____

Specific Request: _____

- Please review your Academic Advisement report in CheckMarq or the bulletin for the year you entered MU for your degree requirements
- If request is for a required major or minor course, approval of the Department Chairperson or Program Director is required
- An approved waiver request waives the requirement only, not the total hour(s) needed for the degree (i.e. 128 credit hours)

Reason(s) for request (attach additional pages if necessary):

Supporting Material submitted with the Request:

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

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

Dean's Office Review:

Request Approved Request Denied _____ _____
Dean's Office Signature Date