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 requirements):

☐ Request Approved ☐ Request Denied ________________________________

Program/Dept. Signature ________________________________ Date __________

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

Dean’s Office Review:

☐ Request Approved ☐ Request Denied ________________________________

Dean’s Office Signature ________________________________ Date ____________

revised 5/09