



# 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:**

<b>Department Chair or Program Director review (required for major or minor requirements):</b>			
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	_____	_____
		Program/Dept. Signature	Date
<b>Dean's Office Review:</b>			
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	_____	_____
		Dean's Office Signature	Date