



College of Health Science



Waiver/Course Substitution Request

(Please print and use ballpoint pen)

Name _____
Last First Middle

Date _____

MUID _____

Major/Program _____

Minor(s) _____

Advisor _____

Type of 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