



# 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**

<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

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

<b>Dean's Office Review:</b>			
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	_____	_____
		Dean's Office Signature	Date