



## Waiver/Substitution Form

**DIRECTIONS**

PLEASE COMPLETE THIS FORM TO SEEK APPROVAL TO SUBSTITUTE OR WAIVE A COURSE FOR AN ELECTIVE OR REQUIRED COURSE WITHIN YOUR DEGREE PROGRAM.

STUDENT INFORMATION					
TODAY'S DATE			URID #		
FIRST NAME			LAST NAME		
E-MAIL			PHONE #		
DEGREE	<input type="checkbox"/> BM <input type="checkbox"/> MA <input type="checkbox"/> MM <input type="checkbox"/> PHD <input type="checkbox"/> DMA		CLASS YEAR		
MAJOR			INSTRUMENT		
COURSE SUBSTITUTION SECTION					
Required Course <i>(As part of the program of study)</i>	Course Number		Title		Credits
NEW SUBSTITUTION					
<input type="checkbox"/> IN PLACE OF COURSE <input type="checkbox"/> WAIVE REQUIREMENT	Course Number		Title		Credits
REASON FOR SUBSTITUTION OR COURSE WAIVER					
Required Course <i>(As part of the program of study)</i>	Course Number		Title		Credits
NEW SUBSTITUTION					
<input type="checkbox"/> IN PLACE OF COURSE <input type="checkbox"/> WAIVE REQUIREMENT	Course Number		Title		Credits
REASON FOR SUBSTITUTION OR COURSE WAIVER					
Required Course <i>(As part of the program of study)</i>	Course Number		Title		Credits
NEW SUBSTITUTION					
<input type="checkbox"/> IN PLACE OF COURSE <input type="checkbox"/> WAIVE REQUIREMENT	Course Number		Title		Credits
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NEW SUBSTITUTION					
<input type="checkbox"/> IN PLACE OF COURSE <input type="checkbox"/> WAIVE REQUIREMENT	Course Number		Title		Credits
REASON FOR SUBSTITUTION OR COURSE WAIVER					
ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE?					
SIGNATURES REQUIRED					
STUDENT SIGNATURE				DATE	
DEPARTMENT CHAIR SIGNATURE				DATE	
OFFICE OF ACADEMIC AFFAIRS <i>*UNDERGRADUATE STUDENTS ONLY*</i>				DATE	
OFFICE OF GRADUATE STUDIES <i>*GRADUATE STUDENTS ONLY*</i>				DATE	