Request for Course Waiver or Substitution

Requests for course waiver or substitution are to be completed by the student and submitted by the advisor to the department faculty. Request for waiver or substitution of courses requires the consideration of the department offering the course as well as the department of the student’s program.

Name: ______________________________ Student Level (Circle one): Fr So Jr Sr Mast Doc

UMID#: __________________ Program: __________________ Instrument: ________________

Degree (Circle one): BFA BM BMA BS BTA || MM MA MFA || DMA PhD

Action (Choose one):
1. Waiver of required course: __________________________________________________

2. Substitution of elected course: _____________ for required course: _______________

For the term: _______________ year: _______________

Justification (attach additional sheet if necessary):

Student’s Signature: _____________________________ Date: _______________

Advisor’s Signature: _____________________________ Date: _______________

1. Department offering the course(s):
   Signature of Chair: _____________________________ Date: _______________

2. Department of Student’s Program:
   Signature of Chair: _____________________________ Date: _______________

3. Action of:
   Council of Departmental Representatives
   Faculty Council on Graduate Studies
   Associate Dean for Academic Affairs

Signature: _____________________________ Date: _______________

Please return completed form to SMTD Registrar (Deedee Ulintz) in room 2270 Moore Building