

Course Substitution/Academic Policy Waiver Request

Student's Name: _____ Banner ID#: _____ Degree & Program: _____

I AM REQUESTING (please check one):

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| <input type="checkbox"/> | Course Substitution Waiver |
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| <input type="checkbox"/> | Academic Policy Waiver |
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- No course substitution/academic policy waiver will be granted retroactively.
- This form is available in the Registrar's Office, Advisement Center, and with Division secretaries

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| <ul style="list-style-type: none"> • Deviation from a prescribed curriculum will be permitted only under extraordinary circumstances. • Course substitutions must be approved by student's Academic Advisor, Dept. Chair/Program Director, Registrar and the VPAA. • No student should begin attending a requested substitute course prior to receiving a copy of this approval. • Students graduating in May must have course substitutions approved by December 1 of the preceding year • Students graduating in December must have course substitutions approved by June 15 of the preceding year <p>Name & Number of required course: _____</p> <p>Name & Number of requested substitution: _____</p> <p>Grade Received: _____</p> <p>College and year course completed: _____</p> |
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| <ul style="list-style-type: none"> • Deviation from a prescribed policy will be permitted only under extraordinary circumstances • An academic policy waiver must be approved by the student's Academic Advisor (where appropriate), Dept. Chair/Program Director, Registrar, and VPAA. • The student will receive a copy of this approved form if the waiver is approved <p>Name of Academic Policy: _____</p> <p>The above policy is found online in the _____ Year _____ Medaille College Catalog.</p> <hr/> <p>For prerequisite waiver requests:</p> <p>Course for which waiver is requested: _____</p> <p>Instructor's Recommendation: Approve Deny _____ Signature</p> |
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Reason for requested course substitution/waiver of academic policy: _____

I assume the responsibility for the resulting educational outcomes of an approved course substitution/academic policy waiver.

Student's Signature _____ Date _____

REQUIRED APPROVALS:

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| 1. _____ <small>Signature of Academic Advisor</small> | 2. _____ <small>Signature of Department Chair/Program Director</small> |
| 3. _____ <small>Signature of the Registrar</small> | 4. _____ <small>Signature of the Vice President of Academic Affairs</small> |

All Financial/Tuition related waiver requests must be approved by the Vice President of Finance. _____
Signature of the Vice President of Finance Date