

## TO REQUEST WAIVER/SUBSTITUTION OF A REQUIRED COURSE

Student ID # \_\_\_\_\_ Name \_\_\_\_\_  
Last First

Advisor \_\_\_\_\_ Major \_\_\_\_\_ Expected Grad Date \_\_\_\_\_

Preferred phone # \_\_\_\_\_ This is : \*Home \*Cell \*Work

Please be specific and include all relevant information to support your request. Attach additional sheets as needed. Submit the form the Registrar's Office after obtaining all required signatures. A copy will be sent to your SUNY Morrisville email after it has been approved and processed.

Required Course	Requested Substitution/Waiver	Justification

Student Signature & Date \_\_\_\_\_

	*Approve	*Disapprove	Comment _____
Advisor Signature/Date			

	*Approve	*Disapprove	Comment _____
Division Chair Signature/Date			

	*Approve	*Disapprove	Comment _____
Dean Signature/Date			

	*Approve	*Disapprove	Comment _____
Provost Signature/Date			

Registrar Signature/Date \_\_\_\_\_

**PLEASE RETURN ALL COPIES OF THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR FINAL APPROVAL**