

**COLLEGE OF HUMAN SCIENCE AND SERVICES
MAJOR CURRICULUM COURSE SUBSTITUTION**

Name _____ Student ID# _____

Major(s) _____

Semester Standing: Fresh _____ Soph _____ Junior _____ Senior _____

PROCEDURE FOR STUDENT:

This form is to be used for substitution and/or waiver of department requirements only. Student should meet with an academic advisor to obtain their signature and approval as well as the Department Chair of their major program to discuss the major curriculum modification. Submit completed form with signatures of approval to the HSS Dean's Office, Quinn 112. Attach any support documents as needed.

Describe below the course substitution or waiver being sought and a brief rationale for the substitution or waiver.

Change Requested:

Justification for Change:

IMPORTANT NOTE: Having a requirement waived **DOES NOT** reduce the total number of credits required for graduation.

____ Approve ____ Deny _____
Advisors Signature Date

Comments: _____

____ Approve ____ Deny _____
Department Chairs Signature Date

Comments: _____

OFFICE USE ONLY
Date Received _____
Date Processed _____
Initial _____