

COURSE SUBSTITUTION/WAIVER FORM

Student Name _____

ID Number _____

This substitution/waiver pertains to the following:

_____ Major Program _____

_____ Minor Program _____

COURSE SUBSTITUTION (Course required in student's major or minor only)

Required Course to be substituted:

Course Number	Title	Credits
_____	_____	_____

Substituted BSC Course:

Course Number	Title	Credits
_____	_____	_____

If already completed, semester and year taken at BSC: _____

WAIVER (Required course or program requirement in student's major or minor only)

_____ **Required course to be waived:**

Course Number	Title
_____	_____

(NOTE: Waived course credits will need to be made up through free elective credit)

_____ **Program requirement to be waived:**

Approved _____

Denied _____

Comments:

Signature/Department Chair of the program requirement

Date

RETURN TO THE REGISTRAR'S OFFICE, BOYDEN HALL, FOR PROCESSING.