COLLEGE OF HEALTH SCIENCES
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 CHS 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 gradation.

____Approve   ____Deny
Advisors Signature
Date

Comments:__________________________________________________________________________________________
__________________________________________________________________________________________

____Approve   ____Deny
Department Chairs Signature
Date

Comments:__________________________________________________________________________________________
__________________________________________________________________________________________

CHS 7.1.2016

OFFICE USE ONLY
Date Received_________
Date Processed_________
Initial________