

College of Health Sciences Major Curriculum Course Substitution

Office Use Only:

Date Received: _____

Date Processed: _____

Name: _____ Student ID: _____

Major: _____ Expected Grad Date: _____

This form should be used for substitution and/or waiver of department requirements only. Students 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.

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

Change requested:

Justification for change:

Academic Advisor: ☐ Approve ☐ Deny

Signature: _____ Date: _____

Department Chair: ☐ Approve ☐ Deny

Signature: _____ Date: _____

Important note: Having a requirement waived **DOES NOT** reduce the total number of credits required for graduation. Return completed form (with signatures) to the College of Health Sciences Dean's Office (Quinn 101 or via email at chs-group@uri.edu).