



Request for Waiver or Substitution of Credits

Vancouver Campus

Last Name: _____ First Name: _____ Student ID: _____

Program _____

Major: _____ Concentration: _____

E-mail: _____ Home Phone: (____) _____ Cell Phone: (____) _____

ADDRESS

Street: _____ Province/State: _____

Apartment #: _____ Country: _____

City: _____ Postal Code: _____

Course to be Waived:

Catalog #	Course Title	Credits	Semester
_____	_____	_____	_____

Course to be Substituted:

Required Course:	Catalog #	Course Title	Credits
_____	_____	_____	_____
Substitute Course:	_____	_____	_____

Reason for Substitution: _____

Semester Taken: _____

AUTHORIZED SIGNATURES:

Academic Advisor _____ Date

Chairperson of student's major _____ Date

Chairperson of major in which course is to be waived/substituted _____ Date

College Dean of student's major _____ Date

Director of Enrollment Services _____ Date

Please submit this form to Enrollment Services after all signatures have been obtained.