



**FAIRLEIGH  
DICKINSON  
UNIVERSITY**

## 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
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**Course to be Substituted:**

	Catalog #	Course Title	Credits
Required Course:	_____	_____	_____
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.***

FDU-Vancouver 842 Cambie Street Vancouver BC V6B 2P6 Canada