FAIRLEIGH DICKINSON UNIVERSITY

Vancouver Campus

Request for Waiver or Substitution of Credits

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:

	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.