

Course Substitution / Waiver Form

Course Substitution-**must attach student's DARS** Waiver-**must attach student's DARS**

Credit shortage-**must attach student's DARS**

Student Name: _____ StarID/Student ID: _____

Program(s) to apply the substitution or waiver for: _____

_____ DARS YRTR: _____

Name of Transfer College/University: _____

Requested Substitution(s)	CREDITS	Required Program Course	CREDITS

OR

- Waiver for **Pathways for Success, Service Learning, 5-year requirement** (circle one)

Course(s): _____

Signature of Student: _____

Date: _____

Signature of Advisor: _____

Date: _____

Signature of Registrar: _____

Date: _____

Signature of Program Director: _____

Date: _____

Approve Deny

Signature of Content Expert (if requested): _____

Date: _____

Approve Deny

Signature of Academic Dean: _____

Date: _____

Approve Deny

Route to Registrar to be logged and student notification

DARS Encoder:
