

COLLEGE OF
MOUNT SAINT VINCENT

COURSE WAIVER/SUBSTITUTION FORM

DATE: _____

ID: _____

STUDENT'S NAME: _____

CLASS: _____

COMPLETE PART A OR B

PART A:

TO HAVE THE FOLLOWING COURSE WAIVED:

MAJOR

CORE REQUIREMENT

DEPARTMENT	COURSE #	TITLE	CREDITS

*A COURSE WAIVER/SUBSTITUTION IS NOT A WAIVER FOR CREDITS NEEDED TO GRADUATE. STUDENTS MUST FULLFILL ALL OF THE MINIMUM CREDIT REQUIREMENTS FOR THE AWARDDING OF A DEGREE, THE COMPLETION OF A MAJOR, OR FULFILLMENT OF COURSE REQUIREMENTS.

PART B:

TO SUBSTITUTE:

MAJOR

CORE REQUIREMENT

DEPARTMENT	COURSE #	TITLE	CREDITS

FOR:

DEPARTMENT	COURSE #	TITLE	CREDITS

STUDENT'S SIGNATURE

DATE

ADVISOR'S SIGNATURE

DATE

CHAIRPERSON'S OR DIRECTOR OF CORE SIGNATURE

DATE

*COMPLETE THIS FORM AND SUBMIT TO THE REGISTRAR'S OFFICE FOUNDERS HALL, ROOM 233