Substitution/ Waiver Request



Once complete and validated by all signees, please submit to: **Registration@wvstateu.edu**

							Stud	ient Data	
Name ID - A#									
Email Phone									
Catalog Yr. Minor									
Major									
						pe (Check at lea			
General Education			Major Requirements				Minor Requirements		
Waiver Requ	ıest		Substitution Request						
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	ı	l			<u> </u>		1	ostitutions	
Substitute (subj/course#)	Term Complete	Cr hrs.	Required WVSU (subj/course#)	Cr. hrs.	Transfer Course (y/n)	Courses Equivalent (y/n)	Transfer Institution		
(Subjecture)	Complete	11151	(subjection)	1113.	Course (J/II)	Equivalent (5/11)			
**Courses deemed equi	l ivalent will b	e notec	l for future use as a pre	 authoriz	ation.				
**If more space is requ									
								Waivers	
Waive the following required course			Subject	Course#			Cr. Hrs.		
Or Specific Area of		61201				Cr. Hrs.			
**Waivers do NOT impact total minimum of 120 hours to graduate.									
Reasoning:									
I approve the above requested:				Waiver			Substitution		
Department Chair-	Remarks/F	Recom	mendations:						
Signature							Date		
	aulta/Daaana	ma am da	tions.						
College Dean- Rema	ai KS/ Kecom	menda	mons.						
Signature							Date		
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