



Substitutions & Waivers

(UNDERGRADUATE DEGREE PROGRAMS)

Missouri University of Science and Technology
Office of the Registrar

103 Parker Hall
300 West 13th Street
Rolla, MO 65409-0930
Phone: (573) 341-4181
fax: (573) 341-4362
registrar@mst.edu
http://registrar.mst.edu/

Name _____ Student ID _____

Address _____ Date _____

Major _____ Anticipated Term of Graduation _____

Degree _____ Requirement Term _____

THE FOLLOWING EXCEPTIONS ARE ONLY VALID FOR THE MAJOR SHOWN ABOVE

_____ COURSE SUBSTITUTION FOR A REQUIRED COURSE (SIMILAR ACADEMIC CONTENT)

Course Taken			Course Required		
Use _____	_____	_____	For _____	_____	_____
Use _____	_____	_____	For _____	_____	_____
	<small>SUBJECT</small>	<small>CATALOG NBR</small>		<small>SUBJECT</small>	<small>CATALOG NBR</small>
		<small>HRS</small>			<small>HRS</small>

Semester(s)/Year(s) taken _____

CAPS Location: Requirement _____ Sub-Requirement _____

Explain how to maintain total degree hours if the required course has greater credit hour value. _____

_____ COURSE SUBSTITUTION IN AN ELECTIVE AREA

Use the Course _____ For _____ In Req _____ Sub Req _____

Use the Course _____ For _____ In Req _____ Sub Req _____

SUBJECT CATALOG NBR REQ/SUB REQ TITLE

_____ WAIVERS (NOT TO INCLUDE TOTAL DEGREE HOURS OR GPA REQUIREMENTS)

Waive _____ Requirement _____ Sub Requirement _____

Example: Waive (The Foreign Language Requirement)

Specify how to maintain total degree hours: _____

_____ OTHER (SPECIFY) _____

_____ JUSTIFICATION:

Advisor Approval: _____ Date: _____

____ Approved

Department Chair: _____ Date: _____

____ Denied

Denied requests may be appealed to the Vice Provost and Dean.