Missouri University of Science and Technology
Office of the Registrar

Substitutions & Waivers
(UNDERGRADUATE DEGREE PROGRAMS)

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

Use ________________________ CATALOG NBR ______ HRS ______

Use ________________________ CATALOG NBR ______ HRS ______

Course Required

For ________________________ CATALOG NBR ______ HRS ______

For ________________________ CATALOG NBR ______ HRS ______

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 __________________________ Date: __________________________

_____ Denied __________________________ Date: __________________________

Denied requests may be appealed to the Vice Provost for Undergraduate Studies.

Copies to: White – Registrar Yellow – Department Email – Student

Revised: 01/28/11