



College of Health Sciences



Waiver/Course Substitution Request

(Please print and use ballpoint pen)

Date: _____

Name _____

MUID _____

Major _____

Minor(s) _____

Advisor _____

Email _____

Specific Request (i.e. Course substitution for what degree requirement*): _____

***Review your Academic Advisement report in CheckMarq for your degree requirements.**

Note: An approved waiver request affects only that specific degree requirement, NOT any other degree requirement (i.e. total credits, upper division credits, final 30 credits at MU, credits in the major, etc.)

Justification for waiver request – include exact course numbers, titles and term completed along with rationale for making the request (attach additional pages/supportive documents as necessary):

Any request for a waiver involving major or minor requirements must first be approved by the Department Chairperson or Program Director

Department Chair or Program Director review (required for major or minor requirements):			
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	_____	_____
		Program/Dept. Signature	Date

Completed forms should be submitted to the CHS main office, SC 244, for final approval.

Dean's Office Review:			
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	_____	_____
		Dean's Office Signature	Date