



College of Health Sciences



Waiver/Course Substitution Request

Date: _____

Name: _____

MUID: _____

Major: _____

Minor(s): _____

Advisor: _____

Email: _____

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

***Please review your Academic Advisement report in CheckMarq or the bulletin for the year you entered MU for your degree requirements. Note: An approved waiver request affects only that specific degree requirement, NOT any other degree requirements (i.e. total credits, upper division credits, final 30 credits at MU)**

Justification for waiver request (attach additional pages/supportive documents as appropriate):

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

Forms not needing Chair approval, should be submitted to the CHS main office, SC 244.

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