



College of Health Sciences

Waiver/Course Substitution Request for BISC-Health and Society Requirement

(for Marquette Courses only)



Name: _____

Date: _____

MUID: _____

Email: _____

Major: _____

Minor(s): _____

Advisor: _____

Course Information:

Title/Topic Title:	
Course Number:	
Section:	
Semester/Term:	

Supporting Material Attached (for courses offered through other departments, please attach printout of course description)

*Please review your Academic Advisement report in CheckMarq or the bulletin for the year you entered MU for your degree requirements. Note: An approved Health and Society 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)

Return completed form to the Biomedical Sciences Main Office (SC446)

For office use only

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

Biomedical Sciences Chair review (required for major or minor requirements):			
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	_____	_____
		Dean's office Signature	Date