



COURSE SUBSTITUTION AND WAIVER FORM

Missouri Western State University, Office of the Registrar

Name _____ Student ID# G _____
Last First

Major _____ Concentration _____ Minor _____

Substitution(s) listed below for _____ Major _____ Concentration _____ Minor

MWSU Major/Minor Requirement				Waive	Substitution Request						
Subject	Course #	Title	Credit Hrs		Subject	Course #	Title	Transfer School (If applicable)	Credit Hrs	Grade	Term/Yr
				<input type="checkbox"/>							
				<input type="checkbox"/>							
				<input type="checkbox"/>							
				<input type="checkbox"/>							

Rationale for Substitution(s) or Waiver(s) _____

Faculty/Advisor Proposing Substitution/Waiver _____ Date ____/____/____

Department Chair _____ Date ____/____/____ Approved _____ Denied _____

Dean _____ Date ____/____/____ Approved _____ Denied _____

Substitution/Waiver Processor _____ Date ____/____/____