



# COURSE SUBSTITUTION AND WAIVER FORM

Missouri Western State University, Office of the Registrar

Name \_\_\_\_\_ Student ID# G \_\_\_\_\_  
Last First MI

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**The completed form with all signatures must be returned and filed in the Registrar's Office, Eder Hall 102.  
 Electronic signatures will be accepted only if forwarded to the Registrar's Office from the Dean.**