



Academic Services Substitution/Waiver of Major or Minor Requirement

This form may not be used for general education substitutions.

Date: _____ ID Number: _____

Name: _____
Last First Middle

Degree: BA BFA BM BS Graduate

Major(s): _____

Minor(s): _____

Requirement/Required Course: _____

Requested Substitution: _____

Reason for Substitution/Waiver: _____

Requirement for: Major _____ Minor _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

- All fields must be completed and returned to the Office of Academic Services.
- A copy of the approved form will be kept in the student's file.
- One form is required for each substitution.

<u>Anticipated Grad Semester</u>	
FALL	_____ Year _____
SPRING	_____ Year _____
SUMMER	_____ Year _____

<u>Academic Services Office Only</u>	
1. Processed by/on:	_____
2. Checklist Completed by:	_____
Approved by:	_____
Date	_____

Academic Services
University of Evansville
Room 116, Olmsted Administration Hall
1800 Lincoln Avenue, Evansville, Indiana 47722, Phone 812-488-2600; Fax 812-488-2609