Substitution/Waiver of Major or Minor Requirement
Office of the Registrar

This form may not be used for general education substitutions.

Date: _______________________________  ID number: __________________________

Name: ____________________________________________________________________________

Last                                    First                                       Middle

Anticipated graduation semester: Fall__________ Spring__________ Summer__________

Year                    Year                     Year

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:____________________

Registrar's Office Only

1. Copy sent to auditor ☐

2. Date sent to auditor: __________________________

3. Auditor name/initials: __________________________

4. Original in student file ☐

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University of Evansville
Room 106, Olmsted Administration Hall
1800 Lincoln Avenue, Evansville, Indiana 47722
Telephone 812-488-2600, Fax 812-488-2609

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