Elizabeth City State University
Office of Graduate Education

Course Waiver or Substitution Request

School_____Department_____

Student's Name_____ SS#_____
(Last) (First) (Middle)

In reference to the student named above, a course (waiver) (substitution) is recommended in connection with the course(s) listed below:

	Course & Number	Description	Semester Hrs.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The course(s) recommended to be substituted for above (is) (are) as follows: (Please list in the same order as above. The course listed as #1 below will be considered the recommended substitution for the course listed as #1 above).

	Course & Number	Description	Semester Hrs.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Reason and justification for request:_____

_____

Approved

_____
Advisor Date

_____
Graduate Coordinator Date

_____
Department Chair Date

_____
Dean Date

_____
Director Graduate Education Date

_____
Vice Chancellor Academic Affairs Date

Disapproved

_____
Advisor Date

_____
Graduate Coordinator Date

_____
Department Chair Date

_____
Dean Date

_____
Director Graduate Education Date

_____
Vice Chancellor Academic Affairs Date

Updated 11/08