

Course Substitution or Waiver Request

Student Name: _____ Student ID# _____

Current Address: _____ Birth Date: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Permission is requested to: ☐ SUBSTITUTE or ☐ WAIVE the following course(s) in the student's major field of study:

Major/Program*: _____ Program Code: _____

Effective Term: _____

Course Number	Course Title	Credits
_____	_____	_____
_____	_____	_____

As a replacement for the following required course(s) (if substitution):

Course Number	Course Title	Credits
_____	_____	_____
_____	_____	_____

Reason: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Advisor Recommendation: ☐ Accepted ☐ Denied

Reason for Denial: _____

Dean, Academic Affairs: _____ Date: _____

Approval Recommendation: ☐ Accepted ☐ Denied

Reason for Denial: _____

*Nursing program forms should be forwarded to the dean of Nursing for consideration.

Allegheny Campus
808 Ridge Avenue
Pittsburgh, PA 15212
412.237.2700

Boyce Campus
595 Beatty Road
Monroeville, PA 15146
724.325.6739

North Campus
8701 Perry Highway
Pittsburgh, PA 15237
412.369.3631

South Campus
1750 Clairton Road
West Mifflin, PA 15122
412.469.6238