

TO REQUEST WAIVER/SUBSTITUTION OF A REQUIRED COURSE

Student ID # _____ Name _____
Last First

Advisor _____ Major _____ Expected Grad Date _____

Preferred phone # _____ This is : *Home *Cell *Work

Please be specific and include all relevant information to support your request. Attach additional sheets as needed. Submit the form the Registrar's Office after obtaining all required signatures. A copy will be sent to your SUNY Morrisville email after it has been approved and processed.

Required Course	Requested Substitution/Waiver	Justification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature & Date _____

_____	*Approve	*Disapprove	Comment _____
Advisor Signature/Date			_____

_____	*Approve	*Disapprove	Comment _____
Division Chair Signature/Date			_____

_____	*Approve	*Disapprove	Comment _____
Dean Signature/Date			_____

_____	*Approve	*Disapprove	Comment _____
Provost Signature/Date			_____

 Registrar Signature/Date

PLEASE RETURN ALL COPIES OF THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR FINAL APPROVAL

Registrar's Office | Whipple Administration Building, 3rd Floor | Morrisville, NY 13408

Phone: 315-684-6066 | Fax: 315-204-1116 | Email: registrar@morrisville.edu