

Course Substitution/Waiver Form

Student Name:		Student ID:		
Program of Study:		Concentration:		
JUSTIFIABLE COURSE SUBS	STITUTIONS			
Required Course Number	Required Course Title	Substitution Course #	Substitution Course Title	
Justification:				
Required Course Number	Required Course Title	Substitution Course #	Substitution Course Title	
Justification:				
COURSE WAIVER (Please n	note that students must st	ill complete the minimur	n number of credits required by	
their programs, as stated i	n the catalog.)			
Waived Course # Waived Co		Waived Course Title	Course Title	
Justification:				
Required Signatures:				
Advisor	Date	Program Director	Date	
Student Records and Graduat	tion Specialist Date	_		

Completed forms may be submitted to The Graduate School Offices (Holland Yates Hall, MSC 6702) or emailed to gradstudentservices@jmu.edu.