NEW MEXICO TECH
REQUEST FOR UNDERGRADUATE COURSE WAIVER OR SUBSTITUTION

Name (Last)    (First)                ID #

E-mail Address                Major          Intended Grad date

Did you turn in an Intent to Graduate?  □ Yes  □ No

Signature                                                Date

1. SUBSTITUTION is requested for the following degree requirement:

   Course number ____________ Credit hours ____________
   Course title ________________________________________

   Please attach a course description.

   Course to be used in place of this requirement _________________
   Course Title ________________________________________________
   Institution __________________________ Credit hours ____________
   Reason for substitution: ______________________________________

2. Permission is requested to WAIVE the degree requirement indicated:

   Course Number and Title ________________________________
   Number of Credit Hours ________________________________
   Reason for Waiver: ______________________________________

   _______________________________________________________

   Approved:

   Head/Major Department __________________________ Date ________
   Other Department Head* __________________________ Date ________
   Advisor __________________________ Date ________
   Registrar __________________________ Date ________

   (Routed from registrar) VP for Academic Affairs __________ Date ________

*Approval is required of other department chair if course to be waived or substituted is not in student’s major field of study.

REVISED 11/30/2011