SHEPHERD UNIVERSITY GRADUATE PROGRAMS
Graduate Course Substitution or Waiver

Date: _____

Name: _____ Student ID: _____

Degree Program: _____ Concentration: _____

If you have applied for Graduation, enter date: May 20 ____ August 20 ____ December 20 ____

A justification for the substitution or waiver must be written for each request. A separate form must be used for each substitution except when the additional required course is under the same department.

NOTE: If you are using a substitution or waiver to satisfy a degree requirement, you may need to take additional credit hours to meet the minimum total hours required for your graduate degree.

REQUIRED COURSE	COURSE TO BE USED AS THE SUBSTITUTE (WRITE "waiver" if appropriate)
_____ (Include Subject Code and Number)	_____ (Include Subject Code and Number)

APPROVALS:

_____ _____

Graduate Advisor Date Graduate Coordinator for Program Date

Created on 11/3/2010