NOTE: This form is used to seek approval for substituted or waived courses within an undergraduate student’s program requirements for degree clearance (only 1 action allowed per form), and will result in the adjustment of the student’s degree audit. **It may not be used to override prerequisites for registration; nor may it be used for CORE substitutions.** Forms for these purposes may be found at [https://my.bridgew.edu/departments/Registrar/SitePages/Forms.aspx](https://my.bridgew.edu/departments/Registrar/SitePages/Forms.aspx) or in the Registrar’s Office.

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**I) To be completed by student:**

NAME: ______________________________

BANNER ID: __________

**COURSE SUBSTITUTION**

This request pertains to the following set of program requirements (choose one):

- Major and Concentration: ______________________________
- Minor: ______________________________

**Required Course:** Course Subject & #__________ Title__________________________ Credits_____  

**Substituted Course:** Course Subject & #__________ Title__________________________ Credits_____  

**CHOOSE ONE**

- Substituted course has been/will be completed at BSU: ________________________________  
  Semester __________ Year __________

- Substituted course was completed at previous institution and transferred to BSU:  
  Name of Transfer Institution: ______________________________

**OR (Only 1 action allowed per form)**

**COURSE WAIVER** (Course required in student’s major only. No waivers are permitted for academic minors.)

- Major and Concentration: ______________________________

**Required Course:** Course Subject & #__________ Title__________________________ Credits_____  

I understand that I will be responsible for completing BSU’s residency requirement (credits taken at BSU) and 120 total credit hours toward my Bachelor’s degree regardless of the course and related credit(s) substituted or waived from my program.  

Signature of Student: ______________________________ Date: __________

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**II) To be completed by Department Chairperson of the major or minor listed above:**

I understand by this approval that, in addition to the above requested action, I am approving a reduction in the number of required credits within the program whenever a) a course waiver has been approved; or b) the approved substituted course is fewer credits than the required course. **NOTE:** Per policy, minors may never be completed with fewer than 18 credits.

- Approved
- Denied

Signature of Department Chairperson: ______________________________  Date: __________

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**PLEASE RETURN COMPLETED FORM TO:** Registrar’s Office, Boyden Hall, Room 003, for processing.