



Western Oregon
UNIVERSITY

Criminal Justice Program Course Substitution/Waiver Form

Student Name:

Student V#:

Advisor Name:

Advisor Signature:

Date:

Course(s) to be waived:

1-

2-

3-

4-

Course(s) to be used as substitutes (attach transfer course description):

1-

2-

3-

4-

Department Chair Approval:

Date:
