

## Course Substitution/Program Change/Waiver Form

**\*PLEASE PRINT\***

Name of student: \_\_\_\_\_  
Last Name First Name MI

Student ID: \_\_\_\_\_ Expected term of graduation: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Purpose of form: Transfer Course Substitution \_\_\_\_\_ Program change \_\_\_\_\_ Waiver \_\_\_\_\_**

Prefix and # of original course to be substituted/waived \_\_\_\_\_ for \_\_\_\_\_ (credits)

Title: \_\_\_\_\_

Prefix and # of course used for substitution: \_\_\_\_\_ for \_\_\_\_\_ (credits)

Title: \_\_\_\_\_ (to be/taken) \_\_\_\_\_ (term/year) at \_\_\_\_\_ (institution)

Rationale: \_\_\_\_\_  
\_\_\_\_\_

1. Major/minor/focus area advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(not required for transfer course substitution)*

Comments/recommendation: \_\_\_\_\_  
\_\_\_\_\_

2. Department chair signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* For permanent transfer articulation, please initial: Yes \_\_\_\_\_ No \_\_\_\_\_**

3. Division chair signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Registrar's Office use only:

Date of receipt: \_\_\_\_\_ Processing date: \_\_\_\_\_ By: \_\_\_\_\_

Denied (rationale): \_\_\_\_\_

### \*Purpose of form/definition of terms

**Transfer course substitution:** A student has taken a course from another institution that satisfies program requirements at WOU.

**Program change:** A student is allowed to substitute a course for a required course in his or her program of study.

**Waiver:** A required course is waived for a student. No credit is granted.

**Permanent transfer articulation:** The course used for substitution is equivalent to a WOU course. (Initialed permanent approval will permanently change course articulation tables from that institution for all students.)