College of Technology
Request for Course Substitution/Waiver

Pittsburg State University

Student Information

Name:	PSU ID #:

This form is to request a substitution or waiver for a requirement within the area of _____ related to the major or minor.

Requested Course Substitutions

Required Course:			Proposed Sub/Requirement to be used:			
Course Prefix & Number	Course Title	Credit Hours	Course Prefix & Number	Course Title	Credit Hours	Grade

<u>Advisor Comments:</u>

<u>Director Comments:</u>

Requested Course Waiver

Prefix Course	Number	Course Title	Area/Category listed on Major/Minor	Credit Hours	Justification for Waiver

_____   _____
Advisor Approval (Signature Required)   Date

_____   _____
Program Manager (Signature Optional)   Date

_____   _____
School Director Approval (Signature Required)   Date

_____   _____
Dean Approval (Signature Required for General Education Courses only)   Date