





Request for Course Substitution/Waiver

Student Information						Advisor Information																
Name:						Advisor Name:																
PSU ID: Major/Minor: Email: Phone:						Department: Advisor Phone: Advisor Email: Date:																
												the ma Contac	njor or minor. I ct Transcript	est a substitution or w NO GENERAL EDU Analysis, Extension rse Substitutions	JCATION 1 4253, conce	REQUIREN	MENTS (CAN B	E SUBSTITUTE			lated to
												Required Course:					Proposed Sub/Requirement to be used:					
												ourse refix:	Course Number:	Course Title:	Credit Hours:		Course Number:		Course Title:	Credit Hours:	Term Taken:	Grade in Course:
Com	ments:																					
			Requ	iested Coi	urse W	<u>aiver:</u>																
course refix:	Course Number:	Course Title:	Area/Category Major/Mii		n Cre Hot		Justification for Waiver															
Reco	mmended by	y Advisor (Signatu	re Option	al):	– Ap	prove	d by Chair (Sig	nature R	equired)	:												

Approved by Dean Signature needed for Pathway Courses only.