GIT Substitution/Waiver Form

To: Degree Checking   From: Dr. Doug Younger, Program Manager
                                                   Graphics and Imaging Technologies

Student Name:		PSU ID:		Grad Date:	
Emphasis Area:		**Minor:**			

Requested Course Substitution(s):

Required Course:			Proposed Sub:		
Course No.	Course Title	Term	Course No.	Course Title	Term

Justification:

_____   _____
Student Signature   Date

_____   _____
Advisor's Approval   Date

_____   _____
Dr. Doug Younger (required for all substitutions)   Date
Program Manager, Graphics and Imaging Technologies

_____   _____
Dr. Andrew Klenke (required on Gen. Ed. Courses only)   Date
Director, School of Technology & Workforce Learning

_____   _____
Dr. Robert Frisbee (required on Gen. Ed. Courses only)   Date
Dean, College of Technology