

**Request to Waive or Substitute Courses**

**Submit form to:** Office of Registration & Records, Ceres 110, NDSU Dept. 2801, P.O. Box 6050, Fargo, ND 58108-6050, Fax 701-231-8959  
 or NDSU One Stop, Memorial Union 176, NDSU Dept. 2836, P.O. Box 6050, Fargo, ND 58108-6050, Fax 701-231-8297

**Student ID#** \_\_\_\_\_ **Date** \_\_\_\_\_ **Are you an NCAA Division I Student Athlete?**  YES  NO

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Home / Local Address:** Street/PO Box \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NDSU Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Anticipated Grad Date:** SEMESTER  Fall  Spring  Summer YEAR 20 \_\_\_\_\_

**Academic College** \_\_\_\_\_ **Program/Major** \_\_\_\_\_

**GENERAL EDUCATION COURSES CANNOT BE WAIVED OR SUBSTITUTED**

**Waive the Following: Must include Subject/Catalog #, Title of Course and the number of Units**

**Substitute the Following: Must include Subject/Catalog #, Title of Course and the number of Units**

**For: Must include Subject/Catalog #, Title of Course and the number of Units**

**REASONS:** *Be explicit*

**APPROVED:** \_\_\_\_\_  
 Student Signature Adviser Signature Dept. Chair/Head or Program Coord. Signature

----- **IF COLLEGE REQUIREMENT** -----

**Action of College Student Progress Committee:**  Approved  Denied  
 Student Progress Committee Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Final Approval by Registration and Records :**  Approved  Denied  
 Registration and Records Associate Signature: \_\_\_\_\_ Date \_\_\_\_\_