

**COURSE WAIVER  
AND/OR  
SUBSTITUTION TO PROGRAM  
OF STUDIES**



**MOTLOW STATE  
COMMUNITY COLLEGE**

Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

AA \_\_\_\_\_ AS \_\_\_\_\_ AAS \_\_\_\_\_ AST \_\_\_\_\_ AFA \_\_\_\_\_ Certificate \_\_\_\_\_

Major \_\_\_\_\_ Emphasis/Concentration \_\_\_\_\_

Graduation Requirements met under \_\_\_\_\_ Catalog Year: Date Student Plans to Graduate \_\_\_\_\_

WAIVER requested \_\_\_\_\_

and/or

SUBSTITUTION requested: (If course was taken at another institution, place its name in parentheses following course department and number.)

\_\_\_\_\_ is to substitute for \_\_\_\_\_  
Dept. Code & Course No. Dept. Code & Course No.

\_\_\_\_\_ is to substitute for \_\_\_\_\_  
Dept. Code & Course No. Dept. Code & Course No.

\_\_\_\_\_ is to substitute for \_\_\_\_\_  
Dept. Code & Course No. Dept. Code & Course No.

Justification for Change \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: I, \_\_\_\_\_, understand that (1) this waiver and/or substitution differs from that recommended in the Motlow catalog and may result in deficiencies at four-year institutions, and (2) this waiver and/or substitution expires five years from the date of approval by the appropriate curriculum chair.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_

Curriculum Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_

Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_