

COURSE WAIVER

AND/OR

SUBSTITUTION TO PROGRAM OF STUDIES



MOTLOW COLLEGE

A Tennessee Board of Regents Institution

Student's Name _____ Student ID Number _____

AA _____ AS _____ AAS _____ AST _____ 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 department chair.

Advisor Signature: _____ Date: _____

Recommended _____ Not Recommended _____

Department Chair: _____ Date: _____

Recommended _____ Not Recommended _____

Assistant Vice President of Academic Affairs: _____ Date: _____

Approved _____ Not Approved _____