**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.)

<table>
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<tr>
<th>Dept. Code &amp; Course No.</th>
<th>is to substitute for</th>
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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 _______

White Copy—Admissions and Records
Yellow Copy—Advisor
Pink Copy—Student

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