

Course Substitution & Waiver Approval

Department of Biological Sciences Guidance Committee

Student Name: _____

Student ID#: _____

Date: _____

Course for which substitution/waiver is requested: _____

Reason for substitution/waiver (be specific): _____

Guidance Committee Signatures:

Signature (Advisor): _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____