



Springfield College
Graduate/Doctoral
Substitution/Waiver Approval Form

Student Name: _____ Student I.D. : _____

Major/Program of Study: _____ Advisor: _____

Semester/Year Matriculated: _____ Expected Date of Graduation: _____

NOTE: A waiver of a course requirement exempts the student from taking the required course but the student must still meet the total credit hour requirement for his/her program.

(Circle which action applied) **SUBSTITUTION** **WAIVER**

Course taken:
 Course #: _____ Title: _____ Credits: _____
 Semester course was taken: _____
To substitute for the following requirement:
 Course #: _____ Title: _____ Credits: _____

(Circle which action applied) **SUBSTITUTION** **WAIVER**

Course taken:
 Course #: _____ Title: _____ Credits: _____
 Semester course was taken: _____
To substitute for the following requirement:
 Course #: _____ Title: _____ Credits: _____

(Circle which action applied) **SUBSTITUTION** **WAIVER**

Course taken:
 Course #: _____ Title: _____ Credits: _____
 Semester course was taken: _____
To substitute for the following requirement:
 Course #: _____ Title: _____ Credits: _____

Student Signature

Date

Advisor's Signature

Date

Department Chair

Date

Registrar's Signature

Date

Supplemental Approval for Educator Preparation Students

Date