



Course Substitution/Program Change/Waiver Form

PLEASE PRINT

Name of Student: _____
Last Name First Name MI

Student ID: _____ Expected term of graduation: _____

Signature of Student: _____ Date: _____

*** Purpose of form: Transfer Course Substitution _____ Program Change _____ Waiver _____**

Prefix and # of Original Course to be Substituted/Waived _____ for _____ (credits)

Title: _____

Prefix and # of Course used for Substitution: _____ for _____ (credits)

Title: _____ (to be/taken) _____ (term/year) at _____ (institution)

Rationale: _____

1. Major/Minor/Focus Area Advisor Signature: _____ Date: _____
(not required for transfer course substitution)

Comments/Recommendation: _____

2. Department Chair Signature: _____ Date: _____

*** For permanent transfer articulation, please initial: Yes _____ No _____**

3. Division Chair Signature: _____ Date: _____

Registrar's Office Use Only:

Date of Receipt: _____ Processing Date: _____ By: _____

Denied (rationale): _____

*Purpose of Form/Definition of Terms

Transfer Course Substitution: A student has taken a course from another institution that satisfies program requirements at WOU.

Program Change: A student is allowed to substitute a course for a required course in his or her program of study.

Waiver: A required course is waived for a student. No credit is granted.

Permanent Transfer Articulation: The course used for substitution is equivalent to a WOU course. (Initialed permanent approval will permanently change course articulation tables from that institution for all students.)

Office of the University Registrar