

STUDENT NOTICE: Course waivers or substitutions require the approval of the Vice President of Academic Affairs; your waiver or substitution request is not approved until verified by the Vice President's signature on this form. You should not rely on representations made by any other party that your request will be granted.

ID# _____ Date _____

Name _____ Phone _____

Address _____

Program or Major _____

By filling out this form, you are asking the college to either substitute or waive a requirement for your program of study. Please fill out only one of the boxes below, clearly identifying whether you are requesting a waiver, or a substitution. If you are asking for more than one alteration to your program of study, please fill out a separate form for each request.

<p>Waived Section</p> <hr/> <p>(Course Number, Title & Credit Hours)</p>

OR

Substitution Section	
Requirement:	Substitution:
_____	_____
(Course number, Title & Credit Hours)	(Course Number, Title & Credit Hours)

Justification for request is to be completed by the student. Additional pages may be attached as needed.

Student Signature _____ Date _____

By signing this document the student understands the following to be true:

- ♦ No credit will be given for waived courses.
- ♦ Waivers apply only to TVCC degree requirements.

For Internal Use Only	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Department Chair Signature Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Vice President of Academic Affairs Date