



Course Substitution/Waiver Request

To be completed by student:

Name: _____ LSC ID #: _____
 Address: _____ Telephone: _____
 City, State, Zip: _____ Email: _____
 Major: _____ Degree: _____ Catalog Year: _____

- Course substitution/Waiver Request changes apply only to the LSC colleges and only to the degree, major and catalog year listed on this form. The LSC core requirements must be met.
- The total required hours for each certificate or degree must be met and may not be waived.

Student Signature

Date

To be completed by approving college:

Request is for: Course Substitution: LSC or Transfer (Circle One) Course Waiver only
 Substitution / Waiver of: General Ed Workforce Course Requirements Elective: _____

	Course Prefix	Course Number	School	Course Title
Substitute:	_____	_____	_____	_____
For:	_____	_____	_____	_____
Waive:	_____	_____	_____	_____
Substitute:	_____	_____	_____	_____
For:	_____	_____	_____	_____
Waive:	_____	_____	_____	_____

Rationale/Comments: _____

Is this a core curriculum course from another institution? Yes No
 If yes, list institution _____

_____ Course substitution/waiver applies to specific degree/certificate above.
 _____ Course substitution/waiver applies to all degrees/certificates that require original course(s).

Submitted by: LSC Employee Name and Extension (please print) _____

Date

Approval Signatures:

Approved Not Approved

Faculty/Department Chair of Major Area/Subject Area

Dean

Vice President for Instruction

Date

Date

Date

Records Updated: _____ (initial/date)