



MOUNT ST. JOSEPH
UNIVERSITY

WAIVER/SUBSTITUTION OF DEGREE REQUIREMENT

The following student has approval to make the substitution(s) shown below to meet graduation requirements. Please return the completed original form to the Registrar's Office.

Student's Name _____ ID # _____ Date _____
(Please print)

School of: _____ Major: _____

Substitute Course		Degree Requirement	
Course #/Title	Credits	Course #/Title	Credits

Waiver: _____

Justification for waiver and/or substitution: _____

Requested by: _____ Date _____
(Signature of Student)

Approved by: _____ Date _____
(Signature of Program Chairperson**)

(Signature of Program Chairperson**)

Approved by: _____ Date _____
(Signature of School Dean**)

Approved by: _____ Date _____
(Signature of School Dean**)

Approved by: _____ Date _____
(Signature of Provost or Associate Provost for Academic Support, if necessary*)

*Courses needing acknowledgment of the Provost or the Associate Provost for Academic Support are related to core curriculum exceptions or University graduation minimum requirements.

**Chairperson of the program for which the exception(s) are being requested (i.e. Math Chair for MTH courses; Psychology Chair for PSY courses; etc.). If more than one program is involved with this request (i.e. dual major or minor exception), each Chairperson's and School Dean's signature is required for approval.