REQUEST FOR WAIVER/SUBSTITUTION
OF GRADUATE COURSEWORK

TO BE COMPLETED BY GRADUATE ADVISOR:                  Date: ___________________

Print Full Name (Last, First, Middle)                        Student ID Number

Graduate Program                                            Degree Sought

Please amend the above student’s graduation records (Advancement to Candidacy and Degree Clearance forms) to reflect the following amendment(s):

WAIVE:                                                     SUBSTITUTE:

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______________________  ________________________________
Graduate Advisor                       Date     Telephone Extension and E-Mail Address

______________________  ________________________________
Department Chair                      Date     Telephone Extension and E-Mail Address

This waiver/substitution will change the total credit hours required for the degree from _____ to ______

This waiver/substitution will not change the total credit hours required for the degree

This amendment has the approval of:

Please return this form to:

The University of Akron
Graduate Studies
Kelly Chaff
klchaff@uakron.edu
(330) 972-5636 FAX