



The University of Akron
Graduate School

**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:

_____ 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:

Graduate Advisor Date

Telephone Extension and E-Mail Address

Department Chair Date

Telephone Extension and E-Mail Address

Graduate School Date

Please return this form to:

The University of Akron
Graduate School
Polsky Building, Room 469
Akron, Ohio 44325-2101
(330) 972-7663 Telephone • (330) 972-6475 FAX