REQUEST FOR WAIVER/SUBSTITUTION
OF GRADUATE COURSEWORK

TO BE COMPLETED BY GRADUATE ADVISOR:

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