



Substitution/Waiver of Major or Minor Requirement Office of the Registrar

This form may not be used for general education substitutions.

Date: _____ ID number: _____

Name: _____
Last First Middle

Anticipated graduation semester: Fall _____ Spring _____ Summer _____
Year Year Year

Degree: [] BA [] BFA [] BM [] BS [] Graduate

Major(s): _____

Minor(s): _____

Requirement/required course: _____

Requested substitution: _____

Reason for substitution/waiver: _____

Requirement for: [] Major _____ [] Minor _____

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____

Department chair signature: _____ Date: _____

- All fields must be completed and returned to the Office of the Registrar.
A copy of the approved form will be kept in the student's file.
One form is required for each substitution.

Registrar's Office Only
1. Copy sent to auditor []
2. Date sent to auditor: _____
3. Auditor name/initials: _____
4. Original in student file []

Office of the Registrar
University of Evansville
Room 106, Olmsted Administration Hall
1800 Lincoln Avenue, Evansville, Indiana 47722
Telephone 812-488-2600, Fax 812-488-2609