

**COURSE SUBSTITUTION/WAIVER AUTHORIZATION
OFFICE OF THE REGISTRAR**

Division _____ **Degree Program** _____

Student _____ **ID#** _____

Required Course(s)	Substitution Course(s)	Rationale
• _____ _____	_____	_____
• _____ _____	_____	_____
• _____ _____	_____	_____

Course(s) Waiver	Code (see below)
• _____	_____
• _____	_____
• _____	_____

Code Explanation:

- | |
|--|
| 1. Not required under previous catalog requirement |
| 2. Course is not being offered for the following semester(s) _____ |
| 3. Other _____

_____ |

Advisor Signature: _____ Date: _____

Division Dean Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

Please return to PCC LL