



REQUEST FOR COURSE SUBSTITUTION AND/OR WAIVER OF GRADUATION REQUIREMENTS

1. This form is to be completed and signed by an Academic Advisor. To avoid delays, provide ALL required information.
2. Substitutions and Waivers are NOT allowed for any TN Transfer Path. Do not submit this form for a TTP major/emphasis. Substitutions and Waivers are not allowed for most general education requirements.
3. To ensure necessity and accuracy, review the DegreeWorks audit before completing form.
4. A student can follow any catalog under which they have been enrolled, provided it is within six years.
5. When using transfer courses, you must attach course descriptions. More detailed information may be required, such as a course syllabus.
6. Student and advisor will be notified of results within two weeks via Columbia State email.

Student Name: _____ **Student A#:** _____

Major: _____ **Emphasis/Option:** _____

Degree Type: AAS: AST: AS: AA: **Certificate:** **Catalog Year:** _____

Requests will apply to the major listed above. This form will be processed as a Change of Major.

Academic Advisor Signature (Required): _____ **Date:** _____

Substitution Requests: List specific Course ID and Title. Send to the Division Dean for the Columbia State Course ID, who will mark decision and sign below.

1. **Course ID:** _____ **Course Title:** _____

Taken at (Name of College): _____

Substitute For CS Course ID: _____ **Title/Gen Ed Area:** _____

Substitute: **Equate:** **Not approved:** **Dean's Signature :** _____

2. **Course ID:** _____ **Course Title:** _____

Taken at (Name of College): _____

Substitute For CS Course ID: _____ **Title/Gen Ed Area:** _____

Substitute: **Equate:** **Not approved:** **Dean's Signature :** _____

3. **Course ID:** _____ **Course Title:** _____

Taken at (Name of College): _____

Substitute For CS Course ID: _____ **Title/Gen Ed Area:** _____

Substitute: **Equate:** **Not approved:** **Dean's Signature :** _____

Waiver Requests: Send to the Division Dean for Student's Major, who will mark decision and sign below.

1. **Course ID:** _____ **Course Title/Other Requirement:** _____

Hours: _____ **Approved:** **Not approved:** **Dean's Signature:** _____

2. **Course ID:** _____ **Course Title/Other Requirement:** _____

Hours: _____ **Approved:** **Not approved:** **Dean's Signature:** _____

Final Approval for Substitutions/Waivers

Dean for Student's Major/Emphasis: _____

Approved: **Not approved:** **Date:** _____

Director, University Center (if student is under an articulation): _____

Approved: **Not approved:** **Date:** _____

Executive Vice President/Provost, Academic & Student Services: _____

Approved: **Not approved:** **Date:** _____

Director of Records: _____

Approved: **Not approved:** **Date:** _____

Office Use Only: (Rev. 03/26)
Posted/Grade Verified:
Posted in INB:
Email Sent: