



GEORGIAN COURT UNIVERSITY

A tradition of excellence...a future of success

OFFICE OF THE REGISTRAR

Request For Substitution Or Waiver Of GCU Requirement

Student Name: _____ Student ID# 000_ - _____

REQUESTS APPLICABLE TO GCU DEGREE SEEKING STUDENTS ONLY

Major/Program: (1) _____ 2) _____

Request Permission for Substitution of GCU Required Course/Program Requirement

GCU Requirement: _____ Substitution: _____

Reason for Substitution: _____

___ Request Permission for Waiver* of Required GCU Course/Program Requirement

*approval of waiver does not lower the number of total credits required for the program/degree.

GCU Requirement: _____ Reason for Waiver: _____

___ Request Permission for Waiver of GCU Academic Policy

GCU Policy: _____ Reason for Waiver: _____

Official academic record will be adjusted when Registrar's Office receives final decision from Associate Provost.

Recommended by:

Date:

Department/Program Chairperson/Advisor _____

Registrar input: _____

Approved Denied

___ ___ Dean of School of requirement _____

If denied, reason: _____

___ ___ Associate Provost _____

Office Use Only

Applied for Graduation? Yes - term _____ No (as of _____)

Revised: June 2011

Entered _____

Date _____