

**CURRICULUM, ADVISING AND PROGRAM PLANNING (CAPP)
 SUBSTITUTION / WAIVER FORM**

Student's Name: _____

ID #:

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Apply request to: Major: _____ Major's Option/
 Concentration: _____ Minor: _____

Requirement Information

CAPP Area Title:	CAPP Group Title:	Course Requirement:	Hours:

Substitution / Waiver Information

Circle the one that Applies:	Subject	Course No.	Title	Completed at SIUE or Transfer** from:	Term
Substitution/Waiver*					
Substitution/Waiver*					
Substitution/Waiver*					

*When a course is waived, **NO** credit is given towards a degree

**Official transcripts must be on file in the Office of the Registrar

Rationale for action above: _____

Advisor's Name printed & Signature _____ Date _____

Program Chair's (or Department Chair's) Name printed & Signature _____ **Date** _____

Date Received in Registrar's Office

Registrar's Office Use Only		Adjusted by:
Area(s) Adjusted:	Group(s) Adjusted:	Date Adjusted:
		Comments: