

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

Student's Name: \_\_\_\_\_

ID #:

|   |   |   |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|
| 8 | 0 | 0 |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|

Apply request to: Major: \_\_\_\_\_ Major's Option/  
Concentration: \_\_\_\_\_ Minor: \_\_\_\_\_

**Requirement Information**

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

**Substitution / Waiver Information**

| Substitution or Waiver* | Subject | Course No. | Title | Completed at SIUE or Transfer** from: | Term |
|-------------------------|---------|------------|-------|---------------------------------------|------|
|                         |         |            |       |                                       |      |
|                         |         |            |       |                                       |      |
|                         |         |            |       |                                       |      |

\*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

|  |
|--|
| <b>Date Received in Registrar's Office</b> |
|--|

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