



Waiver/Substitution Form

STUDENT INFORMATION					
UR ID#		LAST NAME		FIRST NAME	
DEGREE		MAJOR		INSTRUMENT	
CLASS YEAR:		E-MAIL		PHONE	
DEGREE REQUIREMENT					
DEGREE	<input type="checkbox"/> BM <input type="checkbox"/> MA/MM <input type="checkbox"/> DMA / PHD				
COURSE NUMBER		TITLE			
APPROVED SUBSTITUTE/WAIVER					
COURSE NUMBER		TITLE			
RATIONAL					
REQUESTED BY					
SIGNATURE OF STUDENT:		DATE			
APPROVED BY					
DEPARTMENT CHAIR (OF DEGREE REQUIREMENT)					
		DATE			
ASSOCIATE DEAN OF ACADEMIC AFFAIRS (FOR UNDERGRADUATES)					
		DATE			
DIRECTOR OF GRADUATE ADVISING AND SERVICES (FOR GRADUATES)					
		DATE			
TO: REGISTRAR COPIES TO: STUDENT, DEPARTMENT CHAIR, ADVISOR, FILE					