



# COURSE SUBSTITUTION/ WAIVER REQUEST

**Office of the Registrar**  
1570 Baltimore Pike  
Lincoln University, PA 19352  
484-365-8087:Phone 484-365-8116:Fax

Revised Edition 6/22/18 JD

**INSTRUCTIONS:** Please type all information and print the form.  
Send the original copy with all of the required signatures to the Office of the Registrar.  
This form **MUST** be submitted by the academic department.

## SECTION 1: STUDENT INFORMATION

<b>STUDENT NAME</b>	<b>STUDENT ID#</b>
<b>MAJOR OR MINOR (RELEVANT TO REQUEST)</b>	<b>DATE</b>
<b>REASON FOR REQUEST</b>	

## SECTION 2: COURSE INFORMATION

CHECK ONE	REQUIRED COURSE NUMBER	REQUIRED COURSE TITLE	SUBSTITUTE COURSE NUMBER	SUBSTITUTE COURSE TITLE
<input type="checkbox"/> WAIVE <input type="checkbox"/> SUBSTITUTE				
<input type="checkbox"/> WAIVE <input type="checkbox"/> SUBSTITUTE				
<input type="checkbox"/> WAIVE <input type="checkbox"/> SUBSTITUTE				

## SECTION 3: SIGNATURES FOR APPROVAL

ADVISOR SIGNATURE	DATE
DEPARTMENT CHAIR SIGNATURE	DATE

<b>FOR USE BY OFFICE OF THE REGISTRAR</b>	
Verified by: _____	Date: _____