OFFICE OF THE REGISTRAR
Request for Substitution or Waiver of GCU Requirement

Student Name: ___________________________________________  Student ID# 000___ - __________

Note: Requests are only applicable to GCU degree seeking students

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:
Department/Program Chair/Advisor: ____________________________  Signature ____________  Date __________

Registrar Notes: ____________________________________________

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<thead>
<tr>
<th>Status</th>
<th>Required Signatures</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>Dean of School (Non-General Ed. Requirement) or Gen.Ed. Director (Gen Ed. Requirement)</td>
<td></td>
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<tr>
<td>Denied</td>
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<td>Approved</td>
<td>Associate Provost</td>
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<tr>
<td>Denied</td>
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Denied Reason: ____________________________________________

Office Use:  Applied for graduation?  Yes ___  No ___  expected: ___/____  as of ___/___/___

Revised July 2016