



Entered _____
Date _____

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

Print Name

Registrar Notes: _____

<u>Status</u>		<u>Required Signatures</u>	<u>Date</u>
Approved	Denied	Dean of School (Non-General Ed. Requirement) or Gen.Ed. Director (Gen Ed. Requirement)	_____
Approved	Denied	Associate Provost	_____
Denied Reason: _____			

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