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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<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>Approved</td>
<td>Associate Provost</td>
<td>____________________</td>
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</tbody>
</table>

Denied Reason: __________________________________________________________

Office Use: Applied for graduation? Yes____ No____  expected: __/____/______ as of __/____/______