

Nebraska College of Technical Agriculture

Request for Waiver or Substitution

PLEASE PRINT LEGIBLY!

ADVISOR DIRECTIONS: Complete the following sections with student, then forward to the Director of Academic Services for approval.

Complete **EITHER** the WAIVER section or SUBSTITUTION section below.

Waiver = the student would be exempt from completing the required course; no additional credits needed to meet requirement

Substitution = an alternate course would be used to satisfy a specific course or group requirement

Legal Name: _____ ID Number: _____

Major: _____

Degree in Progress (Circle): AS AAS Minor Certificate

Advisor: _____

Requirements Affected: Gen Ed Major Minor Other (specify) _____

WAIVER Request: _____

Audit Heading: _____

Reason for Request:

SUBSTITUTION Request:

Audit Heading	Required Work	Hours	Substitute Offered (course number and title)	Hours	Institution

Reason for Request:

Student Signature: _____ Date: _____

Deliver completed form and any attachments to Registration and Records Office

Advisor Signature: _____ Date: _____

Director of Academic Services Signature: _____ Date: _____

Office of the Registrar: _____ Date: _____

Approved Not Approved