# UNIVERSITY OF BALTIMORE
Office of Records and Registration

# Course Waiver/Substitution Request

Student Name: _____ Student UB ID: _____

Major/Program: _____ ____ Undergraduate ____ Graduate

## Course Substitution

The following course:

_____ _____
Class Number                      Course Name

Is being substituted for:

_____ _____
Class Number                      Course Name

Rationale for request: _____

Student Signature: _____ Date: _____

Program Director or Adviser Signature: _____ Date: _____

Processor Signature: _____ Date: _____

## Course Waiver

The following course(s) are being waived:

_____ _____
Class Number                      Course Name

_____ _____
Class Number                      Course Name

Rationale for request: _____

Student Signature: _____ Date: _____

Program Director or Adviser Signature: _____ Date: _____

Processor Signature: _____ Date: _____