PETITION FOR SUBSTITUTION AND/OR WAIVER OF DEGREE REQUIREMENTS

STUDENT INFORMATION

Name: ___________________________________________ GU ID#: ___________________________

Last                       First                        M.I.

E-mail: ________________________________ Phone#: ___________________________ ☐Cell ☐Home

Have you applied to graduate? ☐ Yes ☐ No If yes, when graduating: ☐ Dec ☐ May ☐ June ☐ Aug Year: __________

Select Declared School of Study: ☐ ART & SCI ☐ BUSN ☐ EDUC ☐ ENGR ☐ NURS & HPHY ☐ PROF

I understand that: 1) Substitution means that the substituted course fulfills only the specified requirement.
2) Substitutions and waivers are not effective until they are on file in the Registrar’s Office.
3) Waiver of a course does not absolve a student from the 128 hours required for graduation.

Student Signature: ___________________________________________ Date: ______________________

SUBSTITUTION INFORMATION

A) In place of Gonzaga’s required _____________________________________________________________
substitute ___________________________________________ from____________________________________
because __________________________________________________________________________________

B) In place of Gonzaga’s required _____________________________________________________________
substitute ___________________________________________ from____________________________________
because __________________________________________________________________________________

WAIVER INFORMATION

C) Waive ___________________________________________ because ______________________________________

D) Waive ___________________________________________ because ______________________________________

UNIVERSITY OFFICIALS APPROVALS

1. ___________________________________________ Advisor (Honors Director if student is in the Honors Program)
   Date: ______________________

2. Department Chairs of Substituted/Waived Courses
   A) ___________________________________________ B) ______________________________
   C) ___________________________________________ D) ___________________________________________

3. Dean of Substituted/Waived Courses
   a) ___________________________________________ Date: ______________________
   b) ___________________________________________ Date: ______________________