Office of the Registrar

GONZAGA UNIVERSITY

PETITION FOR SUBSTITUTIONS AND/OR WAIVERS OF DEGREE REQUIREMENTS FORM

Student: _____ ID#: _____
Last First

Phone number or ext: _____ Email: _____

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: _____

Have you applied to graduate? YES NO If so, please circle when: DEC MAY JUNE AUG Year:____
School enrolled in (circle one): A&S BUSN EDUC ENGR PROF

SUBSTITUTIONS

1. In place of Gonzaga's required _____
   substitute _____ from _____
   (College or University)
   because _____
2. In place of Gonzaga's required _____
   substitute _____ from _____
   (College or University)
   because _____

WAIVERS

3. Waive _____ because _____
   _____
4. Waive _____ because _____
   _____

APPROVALS

A. _____
Advisor (Honors Director if student is in the Honors Program)

B. Department Chairs of Substituted/Waived Courses
   1. _____ 2. _____
   3. _____ 4. _____

C. 1. _____ _____/_____/_____
Dean of Substituted/Waived Courses Date

2. _____ _____/_____/_____
Dean of Substituted/Waived Courses Date

Distribution: White – Registrar, Canary – Advisor, Pink – Student

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