Office of the Registrar

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 fulfilling the required hours 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)

2. Department Chairs of Substituted/Waived Courses

   A) _______________________________   B) _______________________________

   C) _______________________________   D) _______________________________

3. Dean of Substituted/Waived Courses

   a) ___________________________________ Date:_________________________

   b) ___________________________________ Date:_________________________

WHITE—Registrar   CANARY—Advisor   PINK—Student

Revised 8/30/16