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Graduate Course Substitution or Waiver Approval Form

Please complete this form for any deviations from the stated coursework degree requirements.

Student Name: _____ DU ID Number: _____ Email: _ Degree: _____ Department: ___ **Course Substitution Substitution Course: Apply Toward: Course Number** Credit Credit **Course Title Course Number Course Title** (ex. ENGR 4000) Hours **Hours** Rationale for Substitution: **Substitution Course: Apply Toward: Course Number** Credit Credit **Course Title Course Number Course Title** (ex. ENGR 4000) Hours **Hours** Rationale for Substitution: **Substitution Course: Apply Toward: Course Number** Credit Credit **Course Title Course Number Course Title** (ex. ENGR 4000) Hours Hours Rationale for Substitution: **Course Waiver** Please waive the following course(s): Rationale for waiving above courses: Additional Comments: Signed: Date: Student Signature Signed: Date: Advisor Signature Signed: Date: Department Chair Signature