

**COLLEGE OF EDUCATION AND PROFESSIONAL STUDIES
DEPARTMENTAL WAIVER FORM**

DATE _____

STUDENT'S NAME _____ E # _____

MAJOR _____ MINOR _____

Expected Term/Year of Graduation _____ Catalog Year _____

COURSE SUBSTITUTION FOR MAJOR OR MINOR REQUIREMENTS

Request that _____, _____
Course Number Course Title

Be substituted for _____, _____
Course Number Course Title

Reason _____

WAIVER OF HOURS (Upper-division credits, senior institution credits, EIU residency, junior/senior residency, senior residency) – See Academic Waiver Rules I.A. for specifics of what can be waived.

Request that _____ be waived according to Academic Waiver Rule I.A.

Reason _____

Recommended by _____
Academic Advisor Date

Approved _____

Not Approved _____

Chairperson Date

Approved _____

Not Approved _____

CEPS Associate Dean Date

NOTE: If approved, this departmental waiver applies only to the major/minor identified above. It does not apply if student changes major or minor.

RETURN COMPLETED FORM TO CERTIFICATION OFFICER FOR STUDENT'S MAJOR.

Cc: Advisor _____