

Chaminade University Of Honolulu

Course Waiver Course Substitution

SSN: _____

(Print) LAST FIRST MI _____

COURSE WAIVER

Request is hereby made that the following:

Discipline Code and Course No.: _____ Course Title: _____ Credit: _____

Be waived because: _____
(Attach additional sheets as necessary)

COURSE SUBSTITUTION

Request is hereby made that the following:

Discipline Code and Course No.: _____ Course Title: _____ Credit: _____

Be substituted for Discipline Code and Course No.: _____ Course Title _____

Credit: _____ in fulfillment of the requirement in _____ General Education _____ major.

Rationale? _____

PROGRAM ADVISOR RECOMMENDATION

APPROVED YES () NO ()	
Program Advisor's Name (Print)	Program Advisor's Signature

Approval / Disapproval	
UNDERGRADUATE	GRADUATE
APPROVED YES () NO ()	APPROVED YES () NO ()
Division Chair (signature)	Graduate Program Director (signature)
APPROVED YES () NO ()	APPROVED YES () NO ()
Associate Provost (signature)	Division Chair (signature)
	Executive Vice President and Provost (signature)

Submit Completed Form to Registrar

Revised: 1/15/2002—Office of the Registrar