

# Bay Mills Community College

## Request for Course

### **Waiver or Substitution**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Request for Waiver

Course to be waived: \_\_\_\_\_

Program of study: \_\_\_\_\_

Reason for waiver: \_\_\_\_\_

#### Request for Substitution

Course that needs a substitute: \_\_\_\_\_

Course that will be a substitute: \_\_\_\_\_

Program of study: \_\_\_\_\_

Reason for substitution: \_\_\_\_\_

#### Approval Signatures

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_