Bay Mills Community College
Request for Class
Waiver/Substitution

Student Name _____   Date _____

Request Waiver for (what class): _____

Program of Study: _____

Reason for Waiver: _____
                       _____
                       _____

Request Substitution for (what class): _____

Request Substitution class: _____

Reason for Substitution: _____
                         _____
                         _____

Signature _____   Date _____
               Advisor

Signature _____   Date _____
               Student

Signature _____   Date _____
               Registrar

Cc: advisor file
         Student file