

University of Detroit Mercy DEGREE EVALUATION COURSE SUBSTITUTION/WAIVER REQUEST

'HDQ¶V 2IILFH f6rfthPSOH then submits to Transfer Credit/Degree Audit Team Office of the Registrar transferteam@udmercy.edu

Office of the Registrar Rev. 9/18/2020

PLEASE PRINT

Student Number: I U						
Name:						
Last	First		MI	 	1 1	
College/School	_ Program Code:					
This is a request for a course	substitution or requ	irement waiver as follo	ows:			
SUBSTITUTION A program requirement (course of substitution of courses for the Core)						
Require ment	Substitution Core Sub Request?					quest?
				yes	s	_ no
				yes	s	_ no
				yes	s	_ no
				yes	S	_ no
2) WAIVER of (no credit given):						
Rationale for this Substitution or Waiver request: _						
Advisor or Originator Signature:		Date	e:			
The above-mentioned adjustments have been app	proved.					
Chair / Director Signature:		Date:				
'HDQ¶V 2IILFH 6SIBJBOBOBVSSEBIBIBBE	3	3 B B B B B B B B B B B B B B B B B B B				
If Core Sub Request , signature must be obtained	I from the College/S	School in which the	course	is taught	t :	
'HDQ¶V 2IILFH 63 IBJBQBDBVS KE 18 IBIBB B	B B B B B B B B B B		/BB+1B B BB B	BBBBBB	BBBB	BBBBBB
FOR OFFICE OF REGISTRAR USE ONLY:						
Processed by Transfer Team Signature:		Date: _				
ADV NOTE WRITTEN NOTIFIED SENDER	\neg					