

BGSU Firelands Governance Document Form	Academic Committees	Substitution Waver Request
Approved by:	Date Approved: 2/24/12	FC 4141

TO: ACADEMIC REVIEW BOARD - BGSU FIRELANDS

FROM: _____

SUBJ: SUBSTITUTION/WAIVER REQUEST

DATE: _____

<u>ACTION/REQUEST</u>	<u>DEPT. & COURSE #</u>		<u>DEPT. & COURSE #</u>
<i>Substitute</i>	_____	<i>for</i>	_____
<i>Substitute</i>	_____	<i>for</i>	_____
<i>Substitute</i>	_____	<i>for</i>	_____
<i>Substitute</i>	_____	<i>for</i>	_____

Waive _____

STATE RATIONALE FOR EACH ACTION REQUESTED:

(write any additional information on back if necessary)

Student Signature

Student address: _____

Street Address

City

State

Zip

BGSU ID #: _____

Associate Degree Major: _____

Current Adviser: _____