



**University of Detroit Mercy
DEGREE EVALUATION
COURSE SUBSTITUTION/WAIVER REQUEST**

Dean's Office completes form then submits to
Transfer Credit/Degree Audit Team
Office of the Registrar
transferteam@udmercy.edu

PLEASE PRINT

Student Number: TO _____

Name: _____
Last
First
MI

College/School _____ Program Code:

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This is a request for a course substitution or requirement waiver as follows:

1) SUBSTITUTION *A program requirement (course or core attribute*) replaced by a course in student's academic history.*
 * Substitution of courses for the Core need to be approved by the College/School in which the course is taught.

Requirement	Substitution	Core Sub Request?
_____	_____	___ yes ___ no
_____	_____	___ yes ___ no
_____	_____	___ yes ___ no
_____	_____	___ yes ___ no

2) WAIVER of (no credit given): _____

Rationale for this Substitution or Waiver request: _____

Advisor or Originator Signature: _____ Date: _____

The above-mentioned adjustments have been approved.

Chair / Director Signature: _____ Date: _____

Dean's Office Signature: _____ Date: _____

If Core Sub Request, signature must be obtained from the College/School in which the course is taught:

Dean's Office Signature: _____ Date: _____

FOR OFFICE OF REGISTRAR USE ONLY:

Processed by Transfer Team Signature: _____ Date: _____

ADV NOTE WRITTEN NOTIFIED SENDER