



**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 FAC 80

**PLEASE PRINT**

Student Number: TO \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
MI

College/School \_\_\_\_\_ TitanConnect Program: 

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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 TC academic history.*  
 \* Substitution of courses for the Core may need to be approved by the appropriate College/School, Department, or College Curriculum Committee

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: \_\_\_\_\_

***If Core Substitution, the Dean's Office Signature below also indicates approval of applicable College Curriculum Committee.***

Dean's Office Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Dean's Office Signature must be obtained from the College/Unit in which the course is taught.

**FOR OFFICE OF REGISTRAR USE ONLY:**

The above-mentioned adjustments have been completed in TitanConnect.

Transfer Team/Degree Audit Signature: \_\_\_\_\_ Date: \_\_\_\_\_