



University of Detroit Mercy
DEGREE EVALUATION
COURSE SUBSTITUTION/WAIVER REQUEST

Dean's Office completes form
and submits to Transfer Credit
/Degree Audit Team
Office of the Registrar FAC 80

PLEASE PRINT

Student Number: T0 \_\_\_\_\_

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

College/School \_\_\_\_\_ TitanConnect Program: [grid]

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

Table with 2 columns: Requirement, Substitution. Substitution column includes 'Core Substitution?' with 'yes' and 'no' options.

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: \_\_\_\_\_