

Hixson-Lied College of Fine and Performing Arts

Request for Waiver or Substitution

ADVISOR DIRECTIONS: Complete the following sections with student, then forward to Chief Major Advisor.

Complete **EITHER** the **WAIVER** section or **SUBSTITUTION** section below.

Waiver= the student would be exempt from completing the required course; no additional credits needed to meet requirement

Substitution= an alternate course would be used to satisfy a specific course or group requirement

Legal Name: _____ ID Number: _____
Last First Middle

Campus Email Address: _____ Phone Number: _____

Degree in Progress: **BA** **BFA** **BM** **BME** Advisor: _____

Major (and Option/Emphasis, if applicable): _____ Catalog Year: _____

Requirements Affected: Entrance General Ed. Major Minor Residency Other (specify) _____

WAIVER REQUEST: _____

AUDIT HEADING: _____

REASON FOR REQUEST:

SUBSTITUTION REQUEST:

Department Approval outside of FPA (signature and title): _____

Audit Heading	Required Work	Hours	Substitute Offered (course number and title)	Hours	Institution

REASON FOR REQUEST:

Student Signature: _____ Date: _____

Submit completed form and any attachments to the Chief Major Advisor

Chief Major Advisor Signature: _____ Date: _____

Director Signature: _____ Date: _____

College Signature: _____ Date: _____

Approved Not Approved