

Office of Records and Registration Eastern Michigan University 304 Pierce Hall • Ypsilanti, MI 48197 Phone: (734) 487-4111 • Fax: (734) 487-6808 rr_gr_subs@emich.edu

Curriculum Requirement Substitution/ Curriculum Waiver Request Form

Term of admission to EMU: ____

Program (Master's degree program only): ____

A) CURRICULUM SUBSTITUTION(S) FOR REQUIRED COURSE(S)

If a course will be taken in place of a designated course in the catalog, please complete this section. The student's uAchieve record will be updated with the new requirement.

Requirement listed in catalog	Course to be taken instead (Subject, Course Number and Title)	Comment

B) IDENTIFICATION OF COURSES FOR ELECTIVES/RESTRICTED ELECTIVES/COGNATES:

If course options are not identified in the catalog, the advisor must identify courses that will be used to satisfy these groupings. The student's uAchieve record will be updated.

Course type (e.g. Electives, Restricted Electives, Cognates)	Course to be Taken (Subject, Course Number and Title)	Comment

C) CURRICULUM WAIVER

Please waive the following requirement

Minimum course grade: Please allow grade of _____ to count for ______ course. i)

- Total hours in the program. Please waive _____ hours in this program. (Minimum of 30 hours for the degree must ii) still be met.)
- _from the requirements for the program due to competency iii) Individual course: Please waive being met. (Minimum of 30 hours for the degree must still be met.)

iv) Other:

I understand none of these actions will change the courses on the student's academic transcript. Therefore, any changes processed here will **NOT** impact prerequisite checking.

Student signature:

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By signing below, the advisor and department head are app	roving the student's request.	
Advisor printed name:	E-mail:	@emich.edu
Advisor Signature:	Date:	
Department Head/School Director Printed Name:		

Department Head/School Director Signature: _____

RETURN TO RR GR SUBS@EMICH.EDU OR 304 PIERCE HALL.

Office of Records and Registration Approval: _____ Date: ____

Date_____