



### Course Substitution-Equivalency/Waiver Form

Student Name: \_\_\_\_\_

BC ID#: \_\_\_\_\_

Anticipated Graduation \_\_\_\_\_  
(Fall, Spring, or Summer + Year)

Catalog Year: \_\_\_\_\_

|                        |           |                        |                       |
|------------------------|-----------|------------------------|-----------------------|
| <b>BA BM BS</b>        |           |                        |                       |
| Degree Sought (Circle) | Major (1) | Emphasis/Concentration | Minor (if applicable) |
|                        | Major (2) | Emphasis/Concentration | Minor (if applicable) |

Note: Official transcripts must be on file with the Registrar's Office for any substitution or equivalency requests from other institutions. A course outline or syllabus may also be required for determination or acceptability.

#### Course Substitution or Equivalency Request

Substitution: Acceptable in lieu of a required course or Equivalency: Equal in meaning and scope to a required course

| Course Prefix, No. & Title | Credit | Grade | Institution Name | Substitution for a required course in: |                            |  |
|----------------------------|--------|-------|------------------|--|----------------------------|--|
|                            |        |       |                  | **Major<br>(Indicate course)           | Minor<br>(Indicate course) | Gen Ed Area *<br>(Indicate Distribution Area i.e. IIC) |
|                            |        |       |                  |  |                            |  |

Justification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Course Waiver Request

Note: Waivers apply to degree requirements and do not waive credit hour requirements

| Course Prefix, No. & Title | Waive this course or requirement: |       |               |
|----------------------------|-----------------------------------|-------|---------------|
|                            | **Major                           | Minor | Gen Ed Area * |
|                            |                                   |       |               |

Justification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I acknowledge that approval will not alter prerequisites for future courses or change the total number of units required in residence or for graduation requirements.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_

Advisor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Major Coordinator (only necessary if counting in major) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Chair \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Select appropriate division chair for signature based on distribution area course is to fulfill  
 Distribution Area I Humanities Division Chair  
 Distribution Area IIA, IIB Science & Math Division Chair  
 Distribution Area IIC Social Science Division Chair  
 Distribution Area IIIA, IIIB, IIID Humanities Division Chair

Distribution Area IIIC  
 Distribution Area IVA  
 Distribution Area IVB  
 Distribution Area V

Social Science Division Chair  
 Fine Arts Division Chair  
 Humanities Division Chair  
 Science & Math Division Chair

**Please make sure all required signatures are in place before submitting this form to the Registrar's Office.**

|                           |                   |
|---------------------------|-------------------|
| <b>OFFICIAL USE ONLY:</b> |                   |
| Date Rec: _____           | Date Filed: _____ |
| Copy to Advisor _____     | to Student _____  |