

## Course Waiver Form

Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

UO ID:    -   -

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### Requested Course(s) to be Waived (*List corresponding course below*)...

1. Course Number and Name: \_\_\_\_\_
2. Course Number and Name: \_\_\_\_\_
3. Course Number and Name: \_\_\_\_\_
4. Course Number and Name: \_\_\_\_\_
5. Course Number and Name: \_\_\_\_\_

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### Courses to be Substituted...

1. Course Number and Name: \_\_\_\_\_  
***Institution:*** \_\_\_\_\_
2. Course Number and Name: \_\_\_\_\_  
***Institution:*** \_\_\_\_\_
3. Course Number and Name: \_\_\_\_\_  
***Institution:*** \_\_\_\_\_
4. Course Number and Name: \_\_\_\_\_  
***Institution:*** \_\_\_\_\_
5. Course Number and Name: \_\_\_\_\_  
***Institution:*** \_\_\_\_\_

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**Attach syllabi, course description, catalog copy, web address, etc. describing course to be substituted. Without this information, waiver will not be considered.**