

Administrative Substitution/Waiver

Student Name: _____

Email: _____

NUID: _____

Expected Graduation:

Month: _____

Year: _____

or TBD:

Request Type:

Substitution (completed course)

Preapproval (course planned)

Waiver

Catalog Year: _____

Majors:

Advertising & Public Relations

Broadcasting

Journalism

Sports Media & Communication

Other majors: _____

Minors: _____

Institution where course was completed	When was course completed	Dept. Course No.	Course Title	Credit Hours	Grade	CoJMC requirement to be satisfied

Adviser: _____

Adviser Comments: _____

Signature: _____

Date: _____

Advising Coordinator:

Recommend

Do not recommend

Comments: _____

Final Decision: Associate Dean:

Approve

Do not approve

Comments: _____

Signature

Date

Signature

Date