College of Journalism and Mass Communications Request for Substitution/Waiver

Student Name: Email: NUID: Expected Graduation:			Catalog Year: Majors: Advertising & Public Relations Broadcasting										
							Month: Year:		or TBD:	Journalism			
							Request Type:			Sports Media & Communication			
								(completed cou	rse)	Other Maj	ors:		
\vdash	(course planned												
Waiver	(coarse planned	,	Minors:										
Institution where course was completed	Dept. Course #	Course Title	When was course completed	Credit Hours	Grade	CoJMC major requirement to be satisfied							
before making a f	final decision. Th		eting with the	e evaluat		tudent's academic adviser st to see the syllabus for a							
Student's Signature:			Date:										
Adviser Signature:			Date:										
Advising Coordinator:			Associate Dean:										
Recommend			Appro	Approve									
Do not recommend			H ' '	Do not approve									
Comments:			Commen	Comments:									

Signature: Date: Signature: Date: