

**REQUEST FOR WAIVER OR SUBSTITUTION
UNIVERSITY CORE CURRICULUM
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE**

Student's Name _____
Last
First
I.D. No.

Current Academic Unit _____ Major _____

Approved for Capstone? Yes _____ No _____

My request is:

	Sem. Hrs.	UCC Area	Approved	Disapproved
_____ to waive:	_____ in	_____	_____	_____
	_____ in	_____	_____	_____

		UCC Course		
_____ and/or to substitute:				
_____ Institution	_____ Course	_____ for _____	_____	_____
_____ Institution	_____ Course	_____ for _____	_____	_____

Detailed Explanation for Request (do **NOT** omit). Append transcript, course syllabi, and other documentation as necessary. When appropriate, check the Transfer Credit Website, www.registrar.siu.edu/eval/articpg.htm.

Student's Signature _____
Date

Advisor's Signature _____
Date

REQUEST APPROVAL SIGNATURES:

Jim Allen, Director, University Core Curriculum _____
Date

Tina Collins, Director, Records and Registration _____
Date

Procedure:

1. Student is interviewed by Academic Advisor.
2. Advisor completes the top portion of the form. Student and Advisor sign form.
3. The **form**, and **documentation** if necessary, is forwarded to Director of University Core Curriculum, Jim Allen. Mail Code 4522.
4. If warranted, the Director of Records & Registration will decide if request requires the attention of Graduation Appeals Committee.