

Ashland University  
Registrar's Office  
401 College Ave  
Ashland, Ohio 44805



Phone: 419-289-5666  
Website: ashland.edu

**COURSE SUBSTITUTION AND WAIVER FORM**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Required Course:**

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

**Substituted Course:**

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Reason for Substitution or Waiver: \_\_\_\_\_  
\_\_\_\_\_

Advisor: \_\_\_\_\_ Approved:  Denied:

Department Chair: \_\_\_\_\_ Approved:  Denied:

Dean: \_\_\_\_\_ Approved:  Denied:

**Registrar's Office Only** \_\_\_\_\_

Recorded By: \_\_\_\_\_ Date: \_\_\_\_\_