



Graduate Course Waiver/Substitution Approval Form

Student Name _____ APID _____

Course name _____ Waiver Substitution

*For CEP 933 and CEP 934, please attach syllabi or other documentation that shows mastery of course content.

If a substitution, the required class has been substituted with:

Class Number	Course Title	Semester	Instructor
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Comments:

Approved by:

Advisor

Date

MQM Program Director

Date