

**COLLEGE OF EDUCATION  
DEPARTMENTAL WAIVER FORM**

DATE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ E # \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

Expected Term/Year of Graduation \_\_\_\_\_ Catalog Year \_\_\_\_\_

**COURSE SUBSTITUTION FOR MAJOR OR MINOR REQUIREMENTS**

Request that \_\_\_\_\_,  
Course Number \_\_\_\_\_ Course Title \_\_\_\_\_

Be substituted for \_\_\_\_\_,  
Course Number \_\_\_\_\_ Course Title \_\_\_\_\_

Reason \_\_\_\_\_  
\_\_\_\_\_

**WAIVER OF HOURS (Upper-division credits, senior institution credits, EIU residency, junior/senior residency, senior residency) – See Academic Waiver Rules I.A. for specifics of what can be waived.**

Request that \_\_\_\_\_ be waived according to Academic Waiver Rule I.A.

Reason \_\_\_\_\_  
\_\_\_\_\_

Recommended by \_\_\_\_\_  
Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

\_\_\_\_\_  
Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

\_\_\_\_\_  
COE Dean's Office \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** If approved, this departmental waiver applies only to the major/minor identified above. It does not apply if student changes major or minor.

**RETURN COMPLETED FORM TO CERTIFICATION OFFICER FOR STUDENT'S MAJOR.**

Cc: Advisor \_\_\_\_\_