



University of Lynchburg

Request for Substitution/Waiver/Transfer Credit for Academic Requirement

TO ADVISOR:

Please complete this request form for Substitution/Waiver/Transfer Credit for Academic Requirement. Maintain a record of the origin of the request. Forward to the appropriate associate school dean or dean of the college, who will respond and then send the request to the associate provost and dean of general studies.

Name:		Date:
Birth Date:	Last 4 SNN:	Anticipated graduation date:
<input type="checkbox"/> Substitution <input type="checkbox"/> Waiver <input type="checkbox"/> Transfer Credit	Course Number_____ Credits_____	
	Year & Term taken _____ <i>To substitute/waive/transfer as</i>	
Rationale for request:		
Advisor:		Date:
Comments:		
Associate School Dean/College Dean:		Date:
Comments:		
Associate Provost of Dean of General Studies:		Date:
Comments:		

- Approved
- Not Approved

Copies to:

- Advisor
- College Dean
- Student
- Student File (original)
- Registrar's Office