



Caldwell College
Office of the Registrar
120 Bloomfield Avenue
Caldwell, New Jersey 07006-6195
973-618-3000
Fax: 973-618-3480
registrar@caldwell.edu

Request for Waiver/Substitution of Degree Requirements

Check One: Traditional Undergraduate___ Adult Undergraduate___ Graduate Student ___

Name _____ Major /Program _____

Student ID # _____ Date _____

I. Course Waiver

Please indicate course(s) to be waived:

() Core Requirement () Course # and Title: _____

() Major Requirement () Course # and Title: _____

II. Course Substitution

Please indicate course(s) to be substituted:

() Course # and Title: _____ May Replace: _____
Course number and title

() Course # and Title: _____ May Replace: _____
Course number and title

() Course # and Title: _____ May Replace: _____
Course number and title

III. Reason for Request: (This section must be completed)

This has no effect on the total number of credit hours required for graduation. This form must be returned to the Registrar's Office before any changes will be made to your official records .

Signature of Dept. Chair/Program Coordinator _____ Date _____

Signature of Academic Advisor _____ Date _____

Signature of Asst/Assoc. Academic Dean _____ Date _____

Please return this completed form to the Office of the Registrar located on the 1st Floor in Aquinas Hall.

Copies To: Advisor and Assistant/Associate Dean & Student