



EDINBORO
UNIVERSITY

UNDERGRADUATE

Curriculum Adjustment Request
Substitutions/Waivers

STUDENT INFORMATION:

Student ID: @ _____ **Phone:** _____

Name: Last _____ First _____ M.I. _____

Current Major: _____ **Advisor:** _____

Please circle the related College or School: Arts, Humanities & Social Sciences; Business; Education; Science & Health Professions

***Adjustment/s Requested:**

Substitution/Waiver: _____

Select One: **Course Prefix & Number** _____ **Course Name** _____
To meet the requirements for: _____
Course Prefix & Number Course Name

For the following requirement (e.g. Distribution 1): _____

Rationale: _____

Substitution/Waiver: _____

Select One: **Course Prefix & Number** _____ **Course Name** _____
To meet the requirements for: _____
Course Prefix & Number Course Name

For the following requirement (e.g. Distribution 1): _____

Rationale: _____

Substitution/Waiver: _____

Select One: **Course Prefix & Number** _____ **Course Name** _____
To meet the requirements for: _____
Course Prefix & Number Course Name

For the following requirement (e.g. Distribution 1): _____

Rationale: _____

*If substitution is for transfer credit, please attach course description from transferring institution.

APPROVALS: (Check One):

Approve Disapprove

Advisor Signature **Date**

Approve Disapprove

Department Chair Signature, Student's Major **Date**

Approve Disapprove

Dean/Designee Signature, Student's Major **Date**

Mail or Fax Completed Form to: Office of Records and Registration, Edinboro University, Hamilton Hall, 210 Glasgow Rd, Edinboro, PA 16444, Fax: 814.732.2130, Phone: 814.732.3501
Or Email to: records@edinboro.edu

OFFICIAL USE ONLY: Processed by: _____ **Date:** _____