Waiver/Substitution Form
516-A

Office of Student Records
fax - 419-251-0629 or email - registrar@mercycollege.edu.

STUDENT INFORMATION

Name: _____ _____ _____
First Middle Initial Last

Student ID #: _____ Phone #: _____ College Email: _____

Program of Study: _____

INSTRUCTIONS

Course waivers and substitutions must be signed off by the advisor and initialed by one or more of the following:

1. For courses in the student's program of study, the Program Director; and/or
2. For general education requirements, the Dean of Arts and Sciences; and/or
3. For all other college requirements, the Vice President of Academic Affairs/Dean of Faculty; and/or
4. For a waiver of the college overload policy, the Division Dean.

SUBSTITUTIONS/WAIVERS

INITIALS	SELECT ONE	COURSE REPLACED/WAIVED		COURSE REPLACEMENT		TRANSFER INSTITUTION
		COURSE	COURSE NAME	COURSE	COURSE NAME	
	☐ Substitution ☐ Waiver ☐ 7-year limit					
	☐ Substitution ☐ Waiver ☐ 7-year limit					
	☐ Substitution ☐ Waiver ☐ 7-year limit					

		COURSE	COURSE NAME
	☐ Waive Course Prerequisites		

		TERM
	☐ Waive maximum course load for the semester indicated (18 credit hours for undergraduate, 12 credit hours for graduate students - Fall and Spring. 14 credit hours or 7 credit hours in one session for undergraduate, 6 credit hours for graduate students - Summer)	

NOTES / JUSTIFICATIONS

SIGNATURES

Student Signature Date

Advisor Signature Date

Office: Student Records
Copy to: Student File
Last Updated: 08/14/2019

Processed by: _____ Date: _____
Staff Initials