Course Waiver Form

Office of the Registrar
College of Graduate Studies
Northern Michigan University

Submit Undergraduate course substitutions to the Registrar: mailto:degaudit@nmu.edu
Submit Graduate course substitutions to Graduate Studies: mailto:graduate@nmu.edu

NAME: _____
Last **First** **Middle Initial**

NMU IN: _____

MAJOR: _____

MINOR: _____

In accordance with university policy, the department recommends the following required course be waived:

_____ _____ _____
Course ID **Course Title** **Credit Hours**

In the student's degree program. [check below]

☐	**Major**
☐	**Minor**
☐	**Concentration**
☐	**Other Required Courses**

The waiver is recommended because: [Please provide detailed explanation.]

_____

_____

_____

_____

_____ _____
Success Adviser Signature **Date**

_____ _____
Department Head Signature **Date**

NOTE: Waivers do not apply to the number of semester hours of credit that is required for completion of any portion of the degree program.