



NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

DIVISION OF ACADEMIC AFFAIRS OFFICE OF THE REGISTRAR

Substitution/Waiver Form

Name Last First Middle

Social Security Number - -

Department

Major

Please list the appropriate course(s) and credit hours.

Required Course Substituted Course Waived Course

Table with 3 columns: Required Course, Substituted Course, Waived Course. Rows 1-5.

Explanation

Date

Department Chairperson

Dean's Approval