University of San Diego

GRADUATE STUDENT REQUEST FOR SUBSTITUTION/WAIVER OF GRADUATION REQUIREMENTS

NAME:		USD ID#	
ADDRESS:	CITY	STATE	ZIP
LOCAL TELEPHONE NUMBER	Proposed date of Graduation:		
Program:	Emphasis:		

(Circle One)
I hereby petition for the substitution/waiver of

Substituted USD Course:

Please explain briefly the reasons for this request (attach extra sheets if necessary):

DATE:_____ STUDENT SIGNATURE: _____

Submit this form to: **Graduate Records Office • Founders Hall Room 106**
5998 Alcalá Park • San Diego, CA 92110-2492

☐ Approved ☐ Denied Department Chair/Program Director:_____ Date: _____

☐ Approved ☐ Denied College/School Clearance:_____ Date: _____

REVISED 9/98

White - REGISTRAR Yellow - ADVISOR Pink - STUDENT