



## GRADUATE STUDENT REQUEST FOR SUBSTITUTION OR WAIVER OF GRADUATION REQUIREMENTS

NAME			USD ID#
ADDRESS			PROGRAM
CITY	STATE	ZIP	EMPHASIS
PHONE NUMBER	EMAIL		EXPECTED MONTH & YEAR OF GRADUATION

### SUBSTITUTION OR WAIVER

I hereby petition for the      Substitution   or      Waiver of \_\_\_\_\_ (Course # and Title)

Substituted USD Course: \_\_\_\_\_ (Course # and Title)

Please explain briefly this request:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Digital Signature

or

Type Name

#### APPROVALS

ADVISOR SIGNATURE	DATE
PROGRAM DIRECTOR/CHAIR SIGNATURE	DATE
COLLEGE /SCHOOL CLEARANCE	DATE

SUBMIT COMPLETED FORM TO:      University of San Diego Graduate Records Office,  
Alcalá Park West - Avila Suite C or via email to [usdgradrec@sandiego.edu](mailto:usdgradrec@sandiego.edu)