University of San Diego®

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: Graduate Records Office, Founders Hall, Suite 117
5998 Alcala Park, San Diego, CA 92110-2492