Office of the Registrar
Phone: (208) 885-6731
Fax: (208) 885-9061
registrarforms@uidaho.edu

Degree Audit Substitution / Waiver Request

(Departmental/College Curricular Adjustments)

Student's Name: _____ ID: _____

Email: _____ Phone: _____

is allowed to substitute/waive the following course(s) for the following (list only the program to be applied to):

Degree _____ Major _____ Minor _____ Catalog Year

_____ To be **WAIVED** (course subject, number, title and number of credits)**:**

_____ _____

_____ _____

_____ _____

To be **SUBSTITUTED** (course subject, number, title and number of credits)**:**

Required Course:	Substituted Course:
_____	_____
_____	_____
_____	_____
_____	_____

The following college and/or departmental requirements have been adjusted (e.g., minimum course grade, minimum program GPA; please describe completely):

_____

_____

_____

Approved by:

Academic Advisor: _____ Date: _____

Departmental Administrator: _____ Date: _____

Associate Dean *(if required by college)*:_____ Date: _____