NORTH CAROLINA AGRICULTURAL AND TECHNICAL
STATE UNIVERSITY
GREENSBORO
27411
Tel (336) 334-7595
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Division of Academic Affairs
Office of the Registrar

# Office of the Registrar Substitution/Waiver Form

NAME: _____
Last First Middle

STUDENT ID: _____

DEPARTMENT: _____

MAJOR: _____

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

| Required Course & Number | Sub'd Course & Number | Waived Course & Number |
|---|---|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

Explanation _____

_____

_____

_____
DEPARTMENT CHAIR

_____
DATE

_____
DEANS APPROVAL