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: _____

PROSPECTIVE GRAD TERM: _____

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

Revised 4/17/08