

100 Morrissey Boulevard Boston, MA 02125-3393 P: 617.287.6200 F: 617.287.6242

COURSE SUBSTITUTION/WAIVER FORM Graduate Students

(This form is to be completed and signed by the Graduate Program Director.)

Student Name:		ID#	
Plan/Major:		Date:	
Graduate Program Director Name:			
Graduate Program Dire	ector Signature:		
SUBSTITUTION	solely to the record of the	Courses listed in this section will be treated as exceptions and will apply solely to the record of the student listed on the form. Please submit to the Registrar's Office for processing.	
Use this course Ex. COUNSL 601	In place of this course Ex. SPY G 605	Reason	
WAIVER	exempt from taking the co	Courses listed in this section will be waived, meaning the student is exempt from taking the course or fulfilling the requirement. The credit minimum for your major is NOT waived.	
Waive this course/requirement Ex. COUNSL 601			
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