

The College official with permission to request an alteration to degree requirements or an academic policy waiver should complete this form and obtain the proper signature(s) before returning to the Registrar's Office.

<b>Student Name</b>		<b>Last 4 of FTC ID#</b>	X	X	X	X	X	X				
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**DEGREE REQUIREMENT SUBSTITUTION**

<b><i>I am requesting the following alteration to the above student's degree requirements:</i></b>	
<b>Student would like to <u>take</u> THIS COURSE # and title</b>	<b>And have it <u>COUNT</u> for this course # and title or area</b>
Reason:	

~ Or ~

**ACADEMIC POLICY WAIVER**

<b><i>I am requesting a waiver to the following academic policy/policies:</i></b>						
<b>Semester/Year</b>	___ Fall ___ Spring ___ Summer ___ Intersession Year:					
<b>PRE-REQUISITE</b>	<i>Pre-requisite course</i>		<i>Course to be registered</i>			
Reason:						
<b>CREDIT LIMIT</b>	<i>Student CGPA</i>		<i>Credits Allowed</i>		<i>Credits Requested</i>	<i>Graduation Date</i>
Reason:						
<b>REPEATED COURSE</b>	<i>Course #</i>		<i>Times Taken</i>			
Reason:						
<b>OFF-CAMPUS COURSE</b>	<i>FTC Course #</i>		<i>Institution:</i>			
			<i>Crs #/Title:</i>			
<i>You must attach a course description from the institution's academic catalog.</i>						
Reason:						
<b>OTHER</b>	<i>Please explain</i>					
Reason:						

<b>Academic Advisor Name</b>	<b>Signature</b>	<b>Date</b>
<b>Chairperson Name</b>	<b>Signature</b>	<b>Date</b>
<b>Provost Name, if necessary</b>	<b>Signature</b>	<b>Date</b>
Carolann Miller		