

**Complete and return this form to:**  
University of Rochester - Simon Business School  
Office of the Registrar  
245 Gleason Hall  
[registrar@simon.rochester.edu](mailto:registrar@simon.rochester.edu)  
Phone: (585) 275-3533 / Fax: (585) 271-3907



### COURSE SUBSTITUTION or WAIVER FORM

**Directions**

- Please complete this form to substitute one course for another within your degree program or to waive a course requirement.
- Course substitutions require approval from the Sr. Associate Dean and your Area Coordinator.

**Student Name:** \_\_\_\_\_ **UID#:** \_\_\_\_\_  
*Please print*                      Last                                      First                      MI

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
month/day/year

**Program:** \_\_\_\_\_

**Area Coordinator's Approval:** \_\_\_\_\_  
Date                                      Print Name

**Sr. Associate Dean's Approval:** \_\_\_\_\_  
Date                                      Print Name

**Course Substitution** - Student is approved to take:

Course Number: \_\_\_\_\_ and Title: \_\_\_\_\_ Credits: \_\_\_\_\_

In place of:

Course Number: \_\_\_\_\_ and Title: \_\_\_\_\_ Credits: \_\_\_\_\_

Or

An MS elective

Or

An MBA elective in the following concentration: \_\_\_\_\_

Reason for course substitution: \_\_\_\_\_

**Course Waiver** - Student is approved to waive a required course and lower the program credit hours required for his/her degree:

Course Number: \_\_\_\_\_ and Title: \_\_\_\_\_ Credits: \_\_\_\_\_

Reason for waiver: \_\_\_\_\_

*\*Registrar's Office Use Only\**

Revision: 10/2016

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ By: \_\_\_\_\_ Notes in Darden: \_\_\_\_\_