

MARQUETTE UNIVERSITY
J. WILLIAM & MARY DIEDERICH COLLEGE OF COMMUNICATION
SUBSTITUTION / WAIVER REQUEST FORM

Directions: Complete Section One. Take this form to your College of Communication adviser for a recommendation (Section Two). If you are requesting a substitution or waiver within a major or minor, the Department Chairperson of that major or minor must also provide a recommendation (Section Three). Return this form to the College Records Office (JH 120).

SECTION ONE: Student Request

Name: _____ MUID: _____

Phone #: _____ E-mail: _____@marquette.edu

I request the following substitution or waiver (provide a brief explanation for request):

Student Signature Date

SECTION TWO: Adviser Recommendation I recommend request I do not recommend request

Adviser Signature Date

SECTION THREE: Chair Recommendation I recommend request I do not recommend request

Chair Signature Date

SECTION FOUR: Associate Dean I approve request I do not approve request

Associate Dean's Signature Date

For Office Use: Override _____

Cc: Student