Department of Animals Sciences and Agricultural Education

Jordan College of Agricultural Sciences and Technology

California State University, Fresno

**STUDENT REQUEST FOR SUBSTITUTION/WAIVER**

STUDENT NAME ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE

ADDRESS MAJOR/OPTION

 CATALOG YEAR

CUMULATIVE GPA EXPECTED GRADUATION DATE

**It is the responsibility of the student to make every effort to complete course requirements as outlined in their catalog**. Course waivers and/or substitutions **will not be considered without written justification provided by the student**. In other words, you must fully note on this form the number and unit value of the required course as well as provide the course number, unit value, institution (location), year and semester the substitute course was completed. If the student can demonstrate equivalency by providing the course syllabus and/or course description to a faculty review panel, substitution of courses will be granted. Waivers will only be granted in **extenuating circumstances** following an independent review by three faculty members other than the student’s advisor.

Justification: Clearly state your request below and sign, then return form to the Department Office.

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| **REQUIRED** | **UNITS** | **SUBSTITUTE** | **UNITS** | **INSTITUTION** | **SEMESTER**/ **YR** |
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Student Comments:

 Student Signature

\_\_\_\_\_ Advisor recommends approval \_\_\_\_\_ Advisor does not recommend approval DATE:

 Faculty Advisor’s Signature

COMMENTS FROM THE FACULTY FOLLOWING THE REVIEW OF THE REQUEST:

SUBSTITUTION/WAIVER: **DENY**

 **GRANT**

 Review Committee Member Review Committee Member Review Committee Member