

Office of the Registrar PETITION FOR SUBSTITUTION AND/OR WAIVER OF DEGREE **REQUIREMENTS**

		Student Inform	MATION		
Name:				GU ID#:	
Last		First	M.I.		
E-mail:			Phone#:		Cell Home
Have you applied to grade	uate? ☐ Yes ☐ No If y	es, when graduating:	☐ Dec ☐ May ☐	June 🗌 Aug Year:	
Select Declared School o	of Study: ART & Sci	BUSN EDUC E	NGR NURS & HPHY	PROF	
I understand that:	 Substitution means that Substitutions and waive Waiver of a course doe 	ers are not effective unti	I they are on file in the	Registrar's Office.	
Student Signature:				Date:	
		Substitution Info	PRMATION		
A) In place of Gonzaga's red	quired				
substitute			from		
substitute from(College or University)					
because					
B) In place of Gonzaga's red	quired				
substitute from(College or Univer					
because			, 3	<i>37</i>	
		Waiver Inform			
C) Waive			hecause		
D) Waive			because		
		University Officials	APPROVALS		
1	or if student is in the Honors	Drogram)			
2. Department Chairs of S					
•					
A)		B)			
C)		D)			
3. Dean of Substituted/Wa	aived Courses				
a)				Date:	
b)				Date:	