



OFFICE OF THE REGISTRAR  
 UNIVERSITY OF NORTH CAROLINA WILMINGTON  
 601 SOUTH COLLEGE ROAD • WILMINGTON, NORTH CAROLINA 28403-5618  
 PHONE: 910-962-3125 • HTTP://WWW.UNCW.EDU/REG

**REQUEST FOR WAIVER / SUBSTITUTION OF DEGREE REQUIREMENTS**

Student Name: \_\_\_\_\_  
Last First Middle

Student ID # \_\_\_\_\_ Date: \_\_\_\_\_

Degree:  BA  BM Major: \_\_\_\_\_ Concentration: \_\_\_\_\_  
 BS  BSW Catalog: \_\_\_\_\_ Expected Graduation Term:  
 BFA  Spring  Summer  Fall Year: \_\_\_\_\_

**Reason for request** (explain and justify):

Required course \_\_\_\_\_ Hours \_\_\_\_\_ Substitution \_\_\_\_\_ Hours \_\_\_\_\_  
 Required course \_\_\_\_\_ Hours \_\_\_\_\_ Substitution \_\_\_\_\_ Hours \_\_\_\_\_  
 Waived course \_\_\_\_\_ Hours \_\_\_\_\_ Waived Course \_\_\_\_\_ Hours \_\_\_\_\_

Waiver/Substitution of Degree Requirements Within the Major, Minor, or Certification  
 (This request must be approved first by the Faculty Advisor, then by the Chair of the Department in which the course for the major, minor, or certification is to be waived/substituted, and then by the appropriate Dean before being submitted to the Office of the Registrar.)

\_\_\_\_\_  
 Faculty Advisor Date Department Chair Date Dean Date

Waiver/Substitution of University Studies/Basic Studies Requirements  
 (This request must be approved first by the Faculty Advisor, then by the Chair of the Department in which the University Studies/Basic Studies course is to be waived/substituted, and then by the Dean, CAS or Undergraduate Studies before being submitted to the Office of the Registrar.)

\_\_\_\_\_  
 Faculty Advisor Date Department Chair Date Dean, CAS or Undergraduate Studies Date

Please send the completed form with signatures to the Office of the Registrar for processing.