

Office of The Registrar Undergraduate Substitution/Waiver Form

Name: _____ Sage I.D. _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Major: _____ Minor: _____

Year of Matriculation in a Sage Program: _____

.....
 _____ **I request a WAIVER of a catalog requirement in my:**
 _____ Major _____ Minor or _____ General Education Requirement

CATALOG REQUIREMENT:

Dept.	Catalog #	Course Title	Credit
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REASON/JUSTIFICATION:

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 _____ **I request a SUBSTITUTION of another course for a catalog requirement in my:**
 _____ Major _____ Minor or _____ General Education Requirement

CATALOG REQUIREMENT:

Dept.	Catalog #	Course Title	Credit
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SUBSTITUTION:

Dept.	Catalog #	Course Title	Credit
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Is this a transferred course? _____ If so, from what college? _____

REASON/JUSTIFICATION:

Student's Signature: _____ **Date:** _____

Academic Advisor: _____ **Date:** _____

Division Chairperson/Program Coordinator for the catalog requirement: (ie. A sub of a MAT course requires the approval of the MAT division, regardless of the student's major) (E-mail approval is permitted-attach to form)

Signature: _____ Date: _____

Return Completed form to The Registrar's Office (Troy or Albany Campus). **Retain a copy for your files.**