

University of Nebraska-Lincoln
College of Agricultural Sciences and Natural Resources
Substitution-Waiver Request Form

Name _____ ID# _____ Date _____

Street Address _____ City _____

State _____ Zip _____ E-mail _____ Graduation Date _____

Degree Program(s) _____ Option _____ Minor(s) _____

Complete left side to request a waiver. Complete both sides to request a substitution.

Degree Requirement Specific Requirement or Course Abbreviation and Number	Cr. Hrs.	Check if CASNR Requirement	Waiver Check if Waiver	Substitution Requested		
				Course Title	Transfer Institution (If applicable)	Cr. Hrs.
				Course Prefix and Number		
1.						
2.						
3.						
4.						

Explanation and Justification of request to be completed by student (attach additional documentation if necessary)

Student's Signature _____ Date _____

Adviser _____ Date _____ Recommend Approval Recommend Denial

Explanation: _____

Dept. Faculty Rep. _____ Date _____ Recommend Approval Recommend Denial

Explanation: _____

CASNR Curriculum Committee _____ Date _____ Approved Denied

Explanation: _____