

University of Nebraska-Lincoln

College of Agricultural Sciences and Natural Resources

Substitution-Waiver Request Form

Name _____ Email _____ ID# _____ Date _____

Degree Program(s) _____ Option(s) _____

Minors(s) _____ Expected Graduation Date: Month _____ Year _____

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 Prefix and Number	Transfer Institution (If applicable)	Cr. Hrs.
				Course Title		
1.						
2.						
3.						
4.						
5.						
6.						

Explanation and Justification (attach additional documentation if necessary)

Student 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: _____