

REQUEST FOR EXCEPTION, SUBSTITUTION, OR WAIVER

COLLEGE OF ARTS AND SCIENCES

Send to: Student Affairs, College of Arts and Sciences, +0800 or casdean@udayton.edu

From: _____ Department/Program
 Student's Name _____
 Student's ID _____ Major _____

I. Is this an EXCEPTION SUBSTITUTION WAIVER

II. Requirement as stated for the Degree Requested Exception/Substitution/Waiver

a. _____
 b. _____
 c. _____

III. Give Section heading from Degree Works (Example: Physical and Life Sciences, Lecture and Lab)

a. _____
 b. _____
 c. _____

IV. Reason for this request:

Signature of Chair/Program Director:

 Assistant Dean: _____ Date: _____

 Date: _____