

# 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](mailto: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 or clarifying information:

Signature of Chair/Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

Assistant Dean: \_\_\_\_\_

Date: \_\_\_\_\_