Appendix N

University of Michigan
School of Art & Design

Request for Waiver or Substitution of a Degree Requirement

Name _____ UM ID# _____

Phone # _____ Email _____ Year _____

Part I. Indicate which of the following applies to your request:

_____ Course substitution
_____ Requirement substitution
_____ Course waiver
_____ Requirement waiver
_____ Other _____

Part II. Please provide a detailed explanation for your request including a rationale with course numbers and course titles for either substitutions or waivers as appropriate. (Use the reverse or attach a word-processed document if more space is necessary.)

Student Signature _____ Date _____

Comments:

Decision: __ Approved __ Denied _____ _____
Authorized Signature Date