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6 (& 7, 2 1 \$ W X G F R P S O H W L M H F W L R Q
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 6 W H S 3 U R Y L O G I R U P D W L R Q

Student Name: (Print Legibly) _____ ID# _____

EFSC Email: _____ Daytime Phone: _____

Program Name: _____

Anticipated graduation date in this program: _____

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(Note: this form is used for the purpose of substituting or waiving a course for degree completion only. It is not a request to waive a course prerequisite for registration purposes.)

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Indicates student has taken a course that meets the content and/or spirit of a required course in the student's program. An approved substitution will not appear on the student's transcript, but will satisfy the requirement for graduation. Course used for substitution must have been completed with a minimum grade of "C". A substitution applies only to the program for which it is approved.

Substituted course: (prefix, number, title)	Credits	For the following required course (prefix, number, title)	Credits	Course taken at: (name of institution)

Attach documentation to support the petition for course substitution (e.g. course description or syllabus).

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Indicates student has successfully attained learning outcomes of course petitioned for waiver through demonstrated knowledge and/or skills not reflected on a transcript from another institution. An approved waiver is not reflected on the student's official transcript and academic credit is not awarded. The waiver will satisfy the requirement for graduation, but the student may be required to complete

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