

REQUEST FOR PROGRAM ADJUSTMENTS

Substitution/Waiver

Only completed forms will be processed

Name	Hampton University ID Number
Current address (street, city, state and zip code)	Telephone Number
Major field (and concentration , if any)	Year of Initial Enrollment or Readmittance
Degree: M.A. M.S. M.B.A. M.T. Ed.S. D.P.T. Ph.D.	Hampton University email address

To be completed by the academic advisor or program coordinator. Please include course descriptions from the academic catalog.

Waiver	Substitution						
<input type="checkbox"/> Adjustment in major course requirement <input type="checkbox"/> Adjustment in elective course requirement <input type="checkbox"/> Other special adjustments It is requested that the following course be waived: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;">Course code & number</td> <td style="border-bottom: 1px solid black; width: 30%;">Credits</td> </tr> </table> Rationale: 	Course code & number	Credits	<input type="checkbox"/> Adjustment in major course requirement <input type="checkbox"/> Adjustment in elective course requirement <input type="checkbox"/> Other special adjustments It is requested that the course: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;">Course code & number</td> <td style="border-bottom: 1px solid black; width: 30%;">Credits</td> </tr> </table> be substituted for the following requirement: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;">Course code & number</td> <td style="border-bottom: 1px solid black; width: 30%;">Credits</td> </tr> </table> *Rationale: 	Course code & number	Credits	Course code & number	Credits
Course code & number	Credits						
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Program Coordinator's Signature	Date	Dept. Chair's Signature	Date
Academic Dean's Signature		Date	

For Office Use Only

Graduate College Dean's Signature	Date	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Provost's Signature	Date	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

Reason for denial:

***Required Supplemental Information must be included with this form. Please confirm that you have included the following information with this form**

The Hampton University course descriptions from the academic catalog are attached. YES

The transfer institutions' course descriptions from their catalog are attached, if applicable. YES

The transfer institutions' accreditation information is attached, if applicable. YES

Program Coordinator's or Dept. Chair's signature

Date