



HOFSTRA UNIVERSITY

OFFICE OF ACADEMIC RECORDS

207 Memorial Hall
126 Hofstra University
Hempstead, New York 11549-1260

For Office Use Only

Processed By: _____

Initial: _____

Date: _____

WAIVER AND SUBSTITUTION FORM

Name: _____ Student ID Number: _____
(Last, First)

Degree/Major: _____ Undergraduate Graduate

Undergraduate submissions should reference the appropriate category on the Degree Audit Report (DAR) in the following fields

Substitute _____ for _____
Subject/Course Number Course or Requirement

Substitute _____ for _____
Subject/Course Number Course or Requirement

Substitute _____ for _____
Subject/Course Number Course or Requirement

Waive D/D+ Grade in: Major Minor Course: _____

Waive Course: _____

Waive _____ semester hours in area _____.

Allow Time Extension (*Graduate only*)

Language Substitution: _____

Other:

Reason(s) for waiver or substitution:

Approval is indicated by the appropriate signature(s):

Adviser Signature Date Chair of Major/Minor Dept. Signature Date

Chair of Department for Course Outside of Major/Minor Dept. Signature Date

Additional approvals (if necessary)

Dean of College/School or Designee Signature Date Provost or Designee Signature Date

This form must be printed and submitted to the Office of Academic Records/Registrar for processing.