Name ____________________________________________    UM ID# ______________________
Phone # _________________________   Email ___________________________     Year ________

Part I. Indicate for which degree requirement you wish to propose a substitution:
    _____    Academic Distribution Requirement
    _____    ADP Course Requirement
    _____    Studio Course Requirement
    _____    Outreach/Engagement Requirement
    _____    Other __________________________________________

Part II. Indicate when and with which advisor you discussed this degree requirement. If you have never discussed
this degree requirement with an advisor, you must do so before submitting a request for a waiver of a degree
requirement.

Name __________________________________________

Part III. Please write a detailed rationale for your request. Include the name, number of the relevant course(s) and
the semester(s) in which you took it/them. Submit any corroborating documentation you feel will strengthen your
argument. Chronology and clarity will only help your case. If you need more than the space allotted below, you
may use the back of this form or attach a word-processed document.


Student Signature   _____________________________________________    Date  ________________
Decision:   __ Approved   __ Denied   __ No Decision    __________________________________   ____________
Authorizing  Signature    Date

Comments:

Student notification by  ____________________________________                                Date ___________