

**Westfield State University**  
**College of Graduate & Continuing Education**  
**Waivers & Substitutions Form**  
**Undergraduate Students Only**  
(Program of Study to be used for Graduate Students)

**This form is to be used by advisor to authorize a course or requirement be substituted or waived.**

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**Student Name:** \_\_\_\_\_ **Student I.D.#:** \_\_\_\_\_

**I approve the following course(s)/requirement(s) be waived for reason stated:**

Waive: \_\_\_\_\_ Reason: \_\_\_\_\_

Advisor Name/Signature: \_\_\_\_\_

Print Name

Signature

Date

Waive: \_\_\_\_\_ Reason: \_\_\_\_\_

Advisor Name/Signature: \_\_\_\_\_

Print Name

Signature

Date

**I approve the following course(s)/requirement(s) be substituted for reason stated:**

Substitute: \_\_\_\_\_ Taken at: \_\_\_\_\_ In year: \_\_\_\_\_

for Westfield's \_\_\_\_\_  
course number

Advisor Name/Signature: \_\_\_\_\_

Print Name

Signature

Date

Substitute: \_\_\_\_\_ Taken at: \_\_\_\_\_ In year: \_\_\_\_\_

for Westfield's \_\_\_\_\_  
course number

Advisor Name/Signature: \_\_\_\_\_

Print Name

Signature

Date

**Office Procedure:** All signed and dated Waiver and Substitutions Forms will be processed as indicated and available for view through the Degree Works Audit within 30 days of submission.