Waiver/Substitution Form 516-A

Office of Student Records

Email - registrar@mercycollege.edu.



			STUDENT INFO	RMATION		
Name:						
First			Middle Initial	Last		
Student ID #:		Phone #:		College Email:		
Ü	,		INSTRUCT			
 For For For 	courses in the stu general education all other college r	dent's progra requirements equirements	signed off by the advisor ar am of study, the Program I ats, the Dean of Arts and So i, the Vice President of Acad ad policy, the Division Dear	nd initialed by or process and/or control of the co	or r	ng:
		COURSE REPLACED/WAIVED COURSE REPLACEMENT		RSE REPLACEMENT	TRANSFER	
INITIALS	SELECT ONE	COURSE	COURSE NAME	COURSE	COURSE NAME	INSTITUTION
	☐ Substitution					
	☐ Waiver					
	☐ 7-year limit					
	☐ Substitution					
	☐ Waiver					
	☐ 7-year limit					
	☐ Substitution					
	□ Waiver					
	☐ 7-year limit				COLUBSE	COLUDE NAME
COURSE						COURSE NAME
☐ Waive Course Prerequisites						
						TERM
☐ Waive maximum course load for the semester indicated (18 credit hours for undergraduate, 12 credit hours for graduate students - Fall and Spring. 14 credit hours or 7 credit hours in one session for undergraduate, 6 credit hours for graduate students - Summer)						IEMM
			NOTES / JUSTIF	FICATIONS		
			SIGNATU	JRES		
Student Signature D						re
Advisor Signature Di						e
Office: Stud	ent Records					

_____ Date: ___

Processed by: ____

Staff Initials

Copy to: Student File

Last Updated: 01/12/2021