HAMPTON UNIVERSITY | *Graduate College*

REQUEST FOR PROGRAM ADJUSTMENTS
Substitution/Waiver
Only completed forms will be processed

_____
Graduate College Counselor

_____ _____
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**
◯ Adjustment in major course requirement	◯ Adjustment in major course requirement
◯ Adjustment in elective course requirement	◯ Adjustment in elective course requirement
◯ Other special adjustments	◯ Other special adjustments
It is requested that the following course be waived:	It is requested that the course:
_____ _____ Course code & number Credits	_____ _____ Course code & number Credits
Rationale:	be substituted for the following requirement:
	_____ _____ Course code & number Credits
	***Rationale:**

_____ _____ _____ _____
Program Coordinator's Signature Date Dept. Chair's Signature Date

_____ _____
Academic Dean's Signature Date

For Office Use Only

_____ _____ Approved ☐ Denied ☐
Graduate College Dean's Signature Date

_____ _____ Approved ☐ Denied ☐
Provost's Signature Date

Reason for denial:
_____

Double-sided form, please flip

Revised 9/17

HAMPTON
UNIVERSITY
GRADUATE COLLEGE

***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

Double-sided form, please flip