



Request for a Course Waiver, Substitution, or Equivalency
for the General Education Program at
The State University of New York at Fredonia

Section A – Student Information and Nature of Request

Student Name(please print): \_\_\_\_\_ Fredonia ID#: \_\_\_\_\_

Major: \_\_\_\_\_ 2nd Major (if applicable): \_\_\_\_\_

Fredonia email: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

Class Standing (circle one): FR SO JR SR

Indicate CCC Category to which this request pertains (circle one):

- Mathematics Natural Sciences Social Sciences American History Western Civ Other World Civ
Humanities The Arts Foreign Language Basic Comm – Oral Basic Comm - Written

Strong evidence is needed to grant waivers, substitutions, or equivalencies. What background information and/or extenuating circumstances do you have to support your request? Please describe in detail below. Attach all relevant documentation to the completed form (use back if more space is needed):

Print Name of Person Submitting Form Signature of Person Submitting Form Date

Section B – to be completed by Academic Advisor OR Department Chair of Student’s Major

SECTION B MUST BE COMPLETED BEFORE SUBMITTING REQUEST TO:
CURRICULUM, ASSESSMENT, AND ACADEMIC SUPPORT, 809 Maytum Hall

I have reviewed and discussed this request with the student. In addition, I offer the following comments:

Print Name of Advisor or Dept. Chair Signature of Advisor or Dept. Chair Date

Section C – to be completed by Associate Provost for Curriculum, Assessment, and Academic Support

Approved Not Approved Referral

Comments:

Referral Signature Date Associate Provost CAAS Date