

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

UB ID: \_\_\_\_\_

Major/Program: \_\_\_\_\_

Undergraduate

Graduate

## Course Substitution

The following course:

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Class No.	Course Name
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Is being substituted for:

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Class No.	Course Name
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Reason for request: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director or Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Course Waiver

The following course(s) are being waived:

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Class No.	Course Name
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Class No.	Course Name
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Reason for waiver: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director or Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward completed form to:**

University of Baltimore | Office of the University Registrar  
Academic Center, Room 126 | 1420 N. Charles St. Baltimore, MD 21201  
E: records@ubalt.edu | T: 410.837.4825 | F: 410.837.4820