

GOLDEN GATE UNIVERSITY

COURSE SUBSTITUTION/WAIVER FORM
To be submitted by Student Advisor or Faculty Advisor Only

Mr. Ms. _____
(check one) Last (family/legal) Name First (given) Name Middle name or initial

Address: _____

City, State, Zip: _____

SS # or ID # _____ Degree/Certificate Program: _____

Telephone: Day: _____ E-Mail address: _____

CHECK THE APPROPRIATE ACTION:

1. **Substitute** **Waive**
Course: _____ For: _____
Not needed for Waiver

Reason: _____

2. **Substitute** **Waive**
Course: _____ For: _____
Not needed for Waiver

Reason: _____

3. **Substitute** **Waive**
Course: _____ For: _____
Not needed for Waiver

Reason: _____

Faculty/Academic Advisor's Signature: _____ Date: _____

Submit this petition to the Office of Records and Registration
Student Services Center, 40 Jesse Street, 2nd Floor, Customer Service Reception
You may also fax form to (415) 442-7223, or scan and e-mail to records@ggu.edu.

<p>Department Chair / Program Director:</p> <p>Request #1: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Request #2: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Request #3: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Signature: _____ Date: _____</p>	<p>Dean: (if required)</p> <p>Request #1: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Request #2: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Request #3: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Signature: _____ Date: _____</p>
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INSTRUCTIONS FOR COURSE SUBSTITUTION/WAIVER FORM

1. The student/faculty advisor, as a part of the planning and development of an academic program, should initiate this document.
2. The advisor completes the student's name, GGU ID/Social Security Number, and contact information.
3. The advisor completes the course information and circles the appropriate action.
4. The advisor follows one of the list options:

OPTION ONE:

- a. Obtain the necessary department chair/program director approval.
- b. Obtain the dean's approval if required.
- c. Submit the document to the Office of Records and Registration.
- d. Once substitution/waivers are recorded on the student academic record, the student receives an e-mail confirmation.

OPTION TWO (Regional Site Instructions):

- a. Submit the document to the Office of Records and Registration.
- b. Staff members will obtain the necessary approvals.
- c. Once substitution/waivers are recorded on the student academic record, the student receives a written e-mail confirmation.

For most substitutions/waivers, the approving department chair/program director or dean is from the school/department that sponsors the course. The Undergraduate Programs office will review all general education requirements.

If necessary, please contact the **Office of Records and Registration** for clarification of policies and processes at **(415) 442-7200**.

A written response to this petition will be sent to the student's current e-mail address within 20 working days of the receipt of the petition.

Submit this petition to:

Mailing Address:

Golden Gate University
The Office of Records and Registration
536 Mission Street
San Francisco, CA 94105
(415) 442-7200

Office Location:

Student Services Center
40 Jessie Street, 2nd Floor
Customer Service Reception

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or scan and e-mail to records@ggu.edu.