



**WILLIAM
& MARY**
CHARTERED 1693

The College of William and Mary
Office of the University Registrar
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Williamsburg, VA 23187-8795
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degreeaudit@wm.edu

Major/Minor Requirement Substitution Waiver Form

Student's Name: _____

Banner ID #: _____

Email: _____

Anticipated Graduation Date: _____

Major/Minor: _____

I am requesting a substitution to the major or minor requirement indicated below:

Required Course:

Proposed Substitute Course:

Course Prefix and Number

Course Prefix and Number (as it appears on my record)

Course Title

Course Title

Number of Credits

Number of Credits

I am requesting an exemption/waiver of the major or minor requirement indicated below:

Explain the reason for the request.

_____ Date: _____

Student's Signature

Chair/Program Director for Major/Minor: _____

Printed Name

Chair/Program Director's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date received: _____ *Date Processed:* _____ *Initials:* _____