

OFFICE OF THE REGISTRAR  
Sherman Hall 110  
1 University Circle  
Macomb, IL 61455-1390

**For Undergraduate Use Only**

Phone: (309)298-1891  
Fax: (309)298-2787  
Email: R-Office@wiu.edu  
Visit: wiu.edu/registrar

## WAIVER OR SUBSTITUTION OF UNIVERSITY CATALOG REQUIREMENTS FOR GRADUATION

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**Students classified as seniors should have filed an application for graduation prior to submission of this form.**

**SECURE NECESSARY SIGNATURES AND RETURN COMPLETED FORM TO THE OFFICE OF THE REGISTRAR.**

Student's Name: \_\_\_\_\_ WIU ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Classification: Fresh.\_\_\_\_ Soph.\_\_\_\_ Junior\_\_\_\_ Senior\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**Statement:** Attach a typed request and any supporting evidence. **Note:** Requests involving substitutions and/or waivers in major or minor areas require the review and recommendation from chairpersons, adviser, and college dean of those areas when necessary.

The Family Educational Rights and Privacy Act of 1974 requires that students sign a consent form for the release of their academic and personal records when such records are to be reviewed by persons other than university officials or instructors. Since students are members of the Council on Admission, Graduation, and Academic Standards, it is necessary for you to sign this form.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADVISOR  
Recommend approval \_\_\_\_\_  
Recommend denial \_\_\_\_\_  
No recommendation \_\_\_\_\_

MAJOR DEPT. CHAIRPERSON  
Recommend approval \_\_\_\_\_  
Recommend denial \_\_\_\_\_  
No recommendation \_\_\_\_\_

COLLEGE DEAN  
Recommend approval \_\_\_\_\_  
Recommend denial \_\_\_\_\_  
No recommendation \_\_\_\_\_

MINOR DEPT. CHAIRPERSON  
Recommend approval \_\_\_\_\_  
Recommend denial \_\_\_\_\_  
No recommendation \_\_\_\_\_

TEACHER CERTIFICATION (when applicable)  
Recommend approval \_\_\_\_\_  
Recommend denial \_\_\_\_\_  
No recommendation \_\_\_\_\_

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