

# Course Waiver and/or Substitution

## Instructions

Use this form to be exempted from a course or competency area requirement; the waiver of a course does not waive/reduce the overall number of credits required for the degree or certificate. Please refer to the [AUNE Academic Catalog](#) found on the university website (Antioch.edu) for information on policy and procedures associated with degree requirements and waiving or substituting courses. All sections need to be completed whether initiated by student or department. Please save a copy of the fillable PDF prior to completing and submitting to the academic department. Once signed by the student, the department will obtain signatures and forward the form to student services for processing. Further information may be requested. Please allow 3 weeks for processing. If you have any questions, please contact your academic department or Student Services at [studentservices.ane@antioch.edu](mailto:studentservices.ane@antioch.edu) or 603-283-2490.

## Student Information:

Student Name on School Record		Email address	@antioch.edu
Student AUeID		Telephone Number	
Enrollment/ Full or Part -Time		Program and Degree	

## Substitution/Waiver Information:

Course or requirement to be waived or substituted:	Course or requirement that will be completed instead:
Course Number: _____	Course Number: _____
Course Title: _____	Course Title: _____
Credits: _____ OR	Credits: _____ OR
Requirement/Competency Area: _____	Requirement/Competency Area: _____

Course or requirement to be waived or substituted:	Course or requirement that will be completed instead:
Course Number: _____	Course Number: _____
Course Title: _____	Course Title: _____
Credits: _____ OR	Credits: _____ OR
Requirement/Competency Area: _____	Requirement/Competency Area: _____

Course or requirement to be waived or substituted:	Course or requirement that will be completed instead:
Course Number: _____	Course Number: _____
Course Title: _____	Course Title: _____
Credits: _____ OR	Credits: _____ OR
Requirement/Competency Area: _____	Requirement/Competency Area: _____

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

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_