

**TO: ACADEMIC REVIEW BOARD-BGSU FIRELANDS**

**FROM:** \_\_\_\_\_  
(STUDENT'S FULL NAME-please print)

**SUBJECT: SUBSTITUTION/WAIVER REQUEST**

**DATE:** \_\_\_\_\_

<u>ACTION/REQUEST</u>	<u>DEPT. &amp; COURSE#</u>	<u>DEPT. &amp; COURSE#</u>
Substitute	_____	<i>for</i> _____
Substitute	_____	<i>for</i> _____
Substitute	_____	<i>for</i> _____
Waive	_____	

**STATE RATIONALE FOR EACH ACTION REQUESTED:**

(Write any additional information on back if necessary)

\_\_\_\_\_  
**Student Signature**

Student Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

BGSU ID#: \_\_\_\_\_

Associate Degree Major: \_\_\_\_\_

Current Adviser: \_\_\_\_\_

**\*\*\* ALL ACADENIC REVIEW BOARD requests must include both a student Request and an advisor recommendation. \*\*\***  
**(Student Copy)**