



Mount Ida College

Curriculum Petition to Waive or Substitute Program Requirements or Prerequisites

Office of the Registrar, 777 Dedham Street, Newton, MA 02459
phone: 617-928-4503 ~ fax: 617-928-4728 ~ registrar@mountida.edu

Name: ID #:
Local Address: Phone #:
City, State, Zip: Email:
Advisor: Major/Minor:

Part A. Request to Substitute or Waive Program Requirements:

Students earn their degree according to the program requirements listed in the College Catalog that applies to the student. If you wish to substitute one of your program requirements for another course, please complete this section.

Course Requirement:
Proposed Course Substitute:

I am requesting permission to make the above listed substitution for the following reason:

Three horizontal lines for writing the reason for the substitution.

Part B. Request to Waive Course Prerequisites:

Complete this section if you would like to take a course without completing the prerequisite(s) listed in the College Catalog. Once this request has been approved, submit a Registration Form for the course. You will remain responsible for earning the total minimum number of credits to complete your program.

Course:
Prerequisite(s):

I am requesting permission to take this course without completing the course prerequisite(s) for the following reason(s):

Three horizontal lines for writing the reason(s) for the request.

Required signatures for approval:

Student: Date:
Faculty Advisor (for Part A): Date:
Course Instructor (for Part B): Date:
School Director: Date:
Assoc. V. P. for Academic Affairs: Date:

Copies: Student, Faculty Advisor, School Director Date Processed: Initials: