

California State University
Northridge

MUSIC DEPT. COURSE WAIVER/SUBSTITUTION REQUEST

Name:		ID#:	
Class Status:		GPA:	
Music Option:		Instrument:	
Address:			
E-mail:		Phone #:	
Applied for Graduation?		Expected Graduation Date:	

COURSES TO BE REVIEWED/SUBSTITUTED:

COURSE TAKEN	UNITS	GRADE EARNED	INSTITUTION	DATE TAKEN	TO REPLACE :

COURSES REQUESTING TO BE WAIVED:

COURSE NUMBER	UNITS	REASON TO REQUEST WAIVER

Student's Notes:

Student Signature:

Date:

- FACULTY REVIEWS AND RECOMMENDATIONS -

Area Coordinator	Recommend	Date	Comments
Curriculum Committee Chair	Recommend	Date	Comments
Music Department Chair	Recommend	Date	Comments