



Hope College
 HOLLAND, MICHIGAN 49422-9000

Dean of Academic Services and Registrar
 P.O. Box 9000, Holland, Michigan 49422-9000
 616-395-7760 Fax: 616-395-7680

Application for General Education Waiver/Substitution

Date: _____

Name: _____

Student Number: _____

Catalog Term (year you entered Hope):

Fall _____

Spring _____

Degree:

- BA
- BS
- BSN
- BMU

** Run a Degree Evaluation on KnowHope Plus so you know exactly where you are in your general education curriculum progress. **

1. Check the box that applies to your request:

- | | |
|---|--|
| <input type="checkbox"/> Expository Writing | <input type="checkbox"/> Social Science II (2 credits) |
| <input type="checkbox"/> Health Dynamics | <input type="checkbox"/> Fine Arts I |
| <input type="checkbox"/> Second Language | <input type="checkbox"/> Fine Arts II |
| <input type="checkbox"/> Mathematics/Natural Science | <input type="checkbox"/> Cultural Heritage I |
| <input type="checkbox"/> Religion I | <input type="checkbox"/> Cultural Heritage II |
| <input type="checkbox"/> Religion II | <input type="checkbox"/> Senior Seminar |
| <input type="checkbox"/> Social Science I (4 credits) | <input type="checkbox"/> Cultural Diversity |

If your plans change, you must notify the Registrar's Office in writing.

2. Is this a substitution OR a waiver?

SUBSTITUTION

This means you'd like to take something other than what is specifically listed to complete the requirement.

List specific courses you have taken, are currently taking or plan to take to complete the requirement.

1. _____
2. _____
3. _____
4. _____

WAIVER - *You still need 126 credits to graduate.*

*This means you're **exempt** from the requirement - no credit awarded. If you're substituting a class for a requirement, see above.*

Requirement to be waived: _____ Credits to be waived: _____

3. Rationale for request:

*If this change also affects your major or minor, additional paperwork may be needed.
 Check with the department and, if you are pursuing a teaching certificate, with the Education Dept.*

Recommended
 Not Recommended

 Advisor Signature

Date: _____

Approved
 Denied

 Registrar

Date: _____