



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 Major/Minor Waiver/Substitution

Date: _____

Name: _____

Student Number: _____

Catalog Term (year you entered Hope):

Fall _____

Spring _____

Major/s:

| |
|-----|
| 1st |
| 2nd |

Degree:

BA

BS

BSN

BMU

Minor/s:

| |
|-----|
| 1st |
| 2nd |

Is this a substitution OR a waiver?

SUBSTITUTION

1. Requirement

| | | | |
|------------------------|--------------|--------------|-------------|
| Subject/ Course No. | Course Title | Credit Hours | Major/Minor |
|------------------------|--------------|--------------|-------------|

Substitution

| | | | |
|------------------------|--------------|-------------------------|--------------|
| Subject/ Course No. | Course Title | TERM Taken or Will Take | Credit Hours |
|------------------------|--------------|-------------------------|--------------|

2. Requirement

| | | | |
|------------------------|--------------|--------------|-------------|
| Subject/ Course No. | Course Title | Credit Hours | Major/Minor |
|------------------------|--------------|--------------|-------------|

Substitution

| | | | |
|------------------------|--------------|-------------------------|--------------|
| Subject/ Course No. | Course Title | TERM Taken or Will Take | Credit Hours |
|------------------------|--------------|-------------------------|--------------|

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

Number of Credit Hours: _____ Course to be waived: _____

Overall number of credits (courses) for the major/minor the same? Yes No, Total # required

If Yes, what additional course(s) will be used: _____ & _____
subject / course no. subject / course no.

Recommended _____

Not Recommended _____ Advisor Signature

Date: _____

Approved _____

Denied _____ Department Chairperson Signature

Date: _____

*** For students going into teaching only -- After getting your advisor and department chairperson signature, you must also get approval from the Education Department.

Recommended _____

Not Recommended _____ Cher Schairer, Dir. of Certification
(if you plan to teach)

Date: _____

This original form will be retained in the student's personal file in the Registrar's Office.

A copy will NOT be sent to the student