The College at Brockport
State University of New York
350 New Campus Drive
Brockport, New York 14420-2966
Office of Registration and Records

NAME:_________________________________________ BANNER ID #______________________
ADDRESS:________________________________ CITY________________ STATE ___ ZIP__________

THIS SECTION MUST BE COMPLETED:
Major:________________________Concentration:______________________Minor:_______________

1. Original Brockport Course Requirement:
   Subject Code       Number       Title
   __________    ________    ________________________________________________
   __________    ________    ________________________________________________

   Course Substitution:
   Subject Code       Number       Title       Completed at:
   __________    ________    _________________________    ___________________
   __________    ________    _________________________    ___________________

2. Course Requirement Waiver:
   Subject Code       Number       Title
   __________    ________    _________________________________________________________
   _________________________________________________________

   Student must complete _____ credit hours in major/minor.

3. Signatures:
   ADVISOR:____________________________________ DATE:____________________
   DEPARTMENT CHAIR:____________________________ DATE:____________________

COURSE SUBSTITUTION AND WAIVER FORM