Course Substitution or Waiver Form
William E. Simon Graduate School of Business Administration
University of Rochester
Registrar’s Office, 305 Schlegel Hall, Box 270107
Rochester, NY 14627
Phone: (585) 275-3533 / Fax: (585) 271-3907

Directions:
- Please complete this form to substitute one course for another within your prescribed program or to waive course requirements.
- Please return the completed form to the Registrar’s Office, 305 Schlegel Hall or fax to (585) 271-3907.

Student Name: ____________________________
Please print Last First

Student signature (required): ____________________________

UID#: ____________________________ Program: ____________________________

☐ Course Substitution

Approved to take:

Course Number and Title: ____________________________ Credits: _________

In place of:
☐ An elective in the (check one): ☐ MS ☐ MBA Concentration: ____________________________

Or

☐ ______________________________________________________________

Course Number and Title

Justification for Course Substitution:

☐ Course Waiver (To waive Fin 402 for students enrolled in MS – Finance or CIS400 for MSB/Business Analytics students)

Reason for Waiver:

APPROVALS

_____________________________ _______________________
Area Coordinator Date

_____________________________ _______________________
Senior Associate Dean Date

Registrar’s Office Use Only:

Date received: ___________
Date processed: ___________
Notes in Darden: ___________

Revised 7/2013