

# Course Waive/Sub

## Enrollment Services

Phone 626.396.2313  
 Fax 626.396.2209  
 enrollmentservices@artcenter.edu

## Student Information (Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID \_\_\_\_\_ Major \_\_\_\_\_

Level  Undergraduate  Graduate F-1 Student  Yes  No

Current Term  Spring  Summer  Fall Year \_\_\_\_\_ Receiving Financial Aid  Yes  No

## Mailing Address

Street Address \_\_\_\_\_ Is this a new address? Yes \_\_\_ No \_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Sample

Class to be Waived and Replaced:		Substitute with this Class: *		Dept Chair Signature
Subject - #	Class Title	Subject - #	Class Title	
PRD-451	Design Management 3	PRD-410	Design Leadership 3	John Doe
HUM-100	Writing Studio	HUM-309	Children's Literature	Jane Smith

## Do You Plan to Graduate?

Do you plan to graduate this semester? Yes  No

## Course Waive and Substitute

### Course Waive & Substitute

When waiving a required class, you MUST replace it with an elective class.

Class to be Waived and Replaced:		Substitute with this Class: *		Dept Chair Signature
Subject - #	Class Title	Subject - #	Class Title	
Waive 1		Sub 1		
Waive 2		Sub 2		
Waive 3		Sub 3		
Waive 4		Sub 4		
Waive 5		Sub 5		
Waive 6		Sub 6		
Waive 7		Sub 7		
Waive 8		Sub 8		

\* Student must add the substituted class to their schedule, or submit a signed Registration Exception form for the class.

## Student Signature

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

ArtCenter College of Design

1700 Lida Street, Pasadena, California 91103