



LEECH LAKE TRIBAL COLLEGE
6945 Littlewolf Road NW
Cass Lake, MN 56633
Phone (218) 335-4200
Fax (218) 335-4217

Course Substitution and Waiver Form

Instructions:

1. Complete and submit all required paperwork to the Registrar's Office.
2. The Dean of Instruction makes final approval.

Note: to avoid abuse of the process, course waivers will only be granted under special, extraordinary circumstances and must be documented in requested documentation.

Name: _____ ID: _____ Major: _____

COURSE SUBSTITUTION

Course Title: _____

Course Number: _____ Course Credits: _____ Semester of Registration: Fall Spring

Is this course from another institution? No Yes: _____

If yes, please make sure the Registrar's Office has an official transcript.

If no, please identify the reason you want to use this courses as a course substitute:

Substitute of Course Title: _____

Course Number: _____ Course Credits: _____

Student Signature: _____

AND/OR

COURSE and PRE-REQUISITE WAIVER

Course Title: _____

Course Number: _____ Course Credits: _____ Signature: _____

Did you test you out of this course or demonstrate sufficient competence in this area? No Yes

Does this course have a pre-requisite? No Yes

If yes, Course Title: _____ Course Number: _____

If you answered yes to either of the questions above, please have the Instructor explain below the reason the course is being waived:

Instructor Signature: _____

FOR OFFICE USE ONLY:

Approved Denied

Dean of Academics Signature: _____ Date: _____

Registrar Signature: _____ Date: _____