



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: \_\_\_\_\_ 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:

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied  VP of Instruction Signature: \_\_\_\_\_ Date: \_\_\_\_\_