

Niiwin Akeaa Campus
111 Beartown Road
Baraga, MI 49908
Phone: (906) 353-4630
Fax: (906) 353-8107



Wabanung Campus
770 N. Main St.
L'Anse, MI 49946
Phone: (906) 524-8311
Fax: (906) 524-8106

WAIVER/COURSE SUBSTITUTION

STUDENT INFORMATION

Name _____ Student ID Number _____

Date: _____

I hereby request a (check one) _____ Waiver or _____ Substitution of _____ credits in

Justification: _____

STUDENT SIGNATURE _____ *DATE* _____

ADVISOR SIGNATURE _____ *DATE* _____

Please attach the following documents to the request:

1. Written support/approval from the corresponding department chair.
2. KBOCC grade reports or transcripts.
3. Transcripts from other college(s) attended and KBOCC transfer credit evaluation(s) if applicable.
4. Any other pertinent information to support your request.

Important: All requests for waivers/substitutions must be made prior to end of the drop/add period of the semester of anticipated graduation. It is strongly recommended that they be made prior to the final semester.

COUNCIL ACTION

Request approved _____

Request denied _____

Remarks: _____

DEAN OF INSTRUCTION SIGNATURE _____ *DATE* _____