REGISTRAR'S OFFICE
98 BRIDGE STREET, HENNIKER, NH 03242
TEL# 603.428.2203 FAX# 603.428.2487 Email: registrarsoffice@nec.edu

SUBSTITUTION/WAIVER FORM

NAME	NEC ID#	NEC Box #
ADVISOR (Print Name) & NEC Box #	**MAJOR**	**DATE**

ANTICIPATED DATE OF GRADUATION_____

I wish to make the following substitution for course(s) required in my major:

REQUIREMENT	SUBSTITUTION	REASON

I wish to have the following course(s) waived as part of the requirement(s) in my major:

REQUIREMENT	REASON

STUDENT'S SIGNATURE_____ DATE_____

I recommend the above substitution(s) and or waiver(s).

_____ _____ DATE _____
MAJOR FACULTY SIGNATURE #1 **PRINT NAME**

_____ _____ DATE _____
MAJOR FACULTY SIGNATURE #2 **PRINT NAME**
(Must be Program Director if applicable)

_____ _____ DATE _____
ADVISOR'S SIGNATURE **PRINT NAME & NEC BOX #**

_____ DATE _____
REGISTRAR'S SIGNATURE

Please **return completed** form to **The Registrar's Office** as soon as possible. *11-2014*

ORIGINAL: REGISTRAR **COPY**: ADVISOR **COPY**: STUDENT