

**Eastern Connecticut State University  
Education Unit**

**CARE (Committee for Admission and Retention in Education)  
Course Substitution or Waiver Form for Certification Required Courses**

**University Policy: Any substitution of course or waiver must be approved by the chair of the department in which a student is a major. Any such approval must be filed in writing with the Registrar's Office.**

This is to certify that \_\_\_\_\_ (Student's Name)  
Email: \_\_\_\_\_

\_\_\_\_\_  
Eastern ID #                      Certification Program                      Intended Graduation Date

**A: Substitution\*:**

Requests the substitution of the following course(s) requirement by another course:

ECSU Course Requirement	Credit Hours	Course Taken	Credit Hours
_____	_____	_____	_____
Course Subject/No./Title		Course Subject/No./Title	
_____	_____	_____	_____
Course Subject/No./Title		Course Subject/No./Title	

**B: Waiver\*:**

Requests the waiver of the following course(s) requirement:

ECSU Course Requirement	Credit Hours	Reason for requesting waiver
_____	_____	_____
Course Subject/No./Title		
_____	_____	_____
Course Subject/No./Title		

\*Please attach relevant documentation or course description and/or syllabus of the course.

\_\_\_\_\_ This course substitution/waiver was accepted.

\_\_\_\_\_ This course substitution/waiver was NOT accepted.

\_\_\_\_\_  
Signature of Advisor or Chair of CARE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairperson Signature

\_\_\_\_\_  
Date

cc: Registrar's Office  
Advisement Center  
Applicant's CARE file  
Paper copy sent to applicant's address