\_\_\_\_\_ NAME\_\_\_\_\_ Last Name

First

ROCK WAIVER/SUB

Middle

## ROCK STUDIES WAIVER/SUBSTITUTION REQUEST

This form is to be used by all academic departments for any adjustment to a student's Rock Studies Program. Advisors should initiate the form on behalf of the student with their consent. Please complete the following using the directions.

Date Requested SRU Email			Phone #						
1 <sup>st</sup> Major*			2 <sup>nd</sup> Major						
Concentration			Minor						
The following "The Rock" courses cannot	<u>t</u> be waived. Exc	eptions can	only be mad	le by the followi	ng department chairpersons & deans:				
Critical Writing (ENGL102) – Chair: LLCW Department & Dean: College of Liberal Arts		0.	<b>1</b> ) – Chair: LLCV ge of Liberal Ai		Beginning Algebra (ESAP110) – Chair: Exploratory Studies & Academic Progress & Dean: College of Liberal Arts				
Civil Discourse ( <b>COMM200</b> ) – Chair: Strategic Communication Department & Dean: College of Liberal Arts	Ethics & Civil Discourse ( <b>PHIL 110</b> ) – Chair: Strategic Communication Department & Dean: College of Liberal Arts			0	Civil Discourse & Democracy ( <b>POLS 235</b> ) – Chair: Strategic Communication Department & Dean: College of Liberal Arts				
Foundations of Academic Discovery (XXX 139) – Dean: College of Liberal Arts			Quantitative Reasoning (MATH 117) – Chair: Math Department & Dean: College of Liberal Arts						
*All other Rock Studies requests that are not part of "The Rock" will be approved by the student's 1 <sup>st</sup> Major Chairperson and the Dean of the College of Liberal Arts									
SRU Required Course/Block Requirement		Credit Hours	Waive Course /Block	Substituted Course (Department, Course Number & Title)					
1.									
2.									
3.									
4.									
5.									

## Explanation/Comments:

## A COPY OF THE DEGREE AUDIT, WITH THE AREAS REFERENCED IN THIS REQUEST CLEARLY MARKED, MUST BE SUBMITTED WITH THIS FORM.

If approved, the student's degree audit will be adjusted to reflect the exception. Denials will be returned to the department, who will notify the student. <u>Approved?</u>

Requested by: Faculty Member, Adviser or Dean

			🗌 Yes	🗌 No
Signature	Phone	Date		
Chairperson of Department: (See above)*				
Signature	Phone	Date	🗌 Yes	🗌 No
Dean of the College of Liberal Arts: (See above)*				
			Yes	🗌 No
Signature	Phone	Date		