

Illinois Central College General Education Requirements Substitution/ Waiver Form

Student ID: _____

Date: _____

Name: _____
(Print) Last First Middle Initial

Address: _____

Primary Phone: _____

E-Mail Address: _____

***Program of Study:** _____

Statement of Request (be specific): _____

(If more space is required, use the reverse side of this form)

X
Student Signature

Graduation Staff Recommendation/Comments:

Catalog of Record _____

X
Graduation Staff Signature Date

Statement of: Approval or Denial

X
Curriculum Manager Signature Date

Please return to the Graduation Office, L211.

DEPARTMENT USE ONLY		
Received by: _____	Department: _____	Date received: _____