



OFFICE OF
THE REGISTRAR

Course Substitution/Waiver Appeal Form

1637 Bedford Avenue, Suite 107

Phone: 718-270-6040

Email: mectranscripts@mec.cuny.edu



Instructions: This form is to be used when an academic department agrees to waive or substitute requirements for students. It must be completed within the Change of Major filing period listed in the Academic Calendar if the student is expecting financial aid. Once completed, the form should be sent directly to mectranscripts@mec.cuny.edu for processing. Note that hand-delivered forms will not be accepted. In addition, the Office of the Registrar reserves the right to return any incomplete forms for correction.

Academic School:							
Academic Department:							
Academic Department Chair's Name:							
Academic Advisor's Name:							
Student Information							
Emplid:		Last Name:		First Name:			
Plan (Major/Minor):		Sub-plan:		CUM Credits:		CUM GPA:	
Justification:							
Waiver Appeal Indicate "X"		Requirement: ____ Pathways Core ____ Pathways College Option ____ Major					
Course(s):							
Substitution Appeal Indicate "X"		Requirement: ____ Pathways Core ____ Pathways College Option ____ Major					
Required Course:				Approved Course Substitute:			
Required Course:				Approved Course Substitute:			
Required Course:				Approved Course Substitute:			
Academic Advisor's Signature:						Date:	
Academic Chair's Signature:						Date:	

www.mec.cuny.edu/registrar

Processed by: _____
Revised 5.14.25

Date: _____