

Course Substitution REQUEST FORM



Please Print.

Student Name: _____ Student ID: _____
Last name First name Middle name

Catalog under which you plan to graduate: _____ Expected graduation date: _____

Major: _____ Emphasis: _____

REQUIREMENT			SUBSTITUTION REQUESTED		
COURSE NUMBER	COURSE TITLE	CREDIT HOURS	COURSE NUMBER	COURSE TITLE	CREDIT HOURS

Internal Substitution? Y N

Transfer Credit? Y N If Yes, what Institution? _____
 Please use a separate form for EACH institution.

Recommended by: _____ Date: _____
Signature of major advisor if action relates to major or General Studies

Approved by: _____ Date: _____
Signature of Program Coordinator in your area of study

Approved by: _____ Date: _____
Signature of Program Coordinator of the area of the substitution, if different from your own

Approved by: _____ Date: _____
Signature of Division Chair in your area of study

Approved by: _____ Date: _____
Signature of Provost

Processed by: _____ Date: _____