Course Substitution Request

Please Type or Print.

Student Name: ____________________________________________  ID: ______________________

Last name       First Name       Middle Name

Major: ________________________________________________

Catalog Year: ______________  Expected Graduation Date: ______________

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Substitution Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Dept + Num</td>
<td>Course Title</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the substitution transfer credit? ☐ No  ☐ Yes, Institution: ________________________________

(Please use a separate form for EACH institution.)

Recommended: ____________________________________________  Date: ______________________

Advisor

Approved: ____________________________________________  Date: ______________________

Program Coordinator in Major Area

Approved: ____________________________________________  Date: ______________________

Program Coordinator in Substitution Area (if different from Major)

Approved: ____________________________________________  Date: ______________________

Division Chair in Major Area

Approved: ____________________________________________  Date: ______________________

Provost

Completed: ____________________________________________  Date: ______________________

Registrar’s Office

Updated 7/2021