UT SOUTHERN

Course Substitution Request

Please Type or Print.

Student Name: _____ **ID:** _____

Last name   First Name   Middle Name

Major: _____

Catalog Year: _____ **Expected Graduation Date:** _____

Requirement			Substitution Requested		
Course Dept + Num	Course Title	Credit Hours	Course Dept + Num	Course Title	Credit Hours

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