



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: _____
School Chair in Major Area

Approved: _____ Date: _____
Vice Provost for Academic Affairs

Completed: _____ Date: _____
Registrar's Office