Course Substitution Form

Student Name _____________________________      ID #  _____________________________

Required Course - Name: ____________________________________

Course Number: ______________________________

Substituted Course - Name: ____________________________________

Course Number: ______________________________

Justification for Substitution

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student Signature: _____________________________ Date: __________________________

Recommended by: _______________________________ Date: __________________________

Advisor Signature

Approved by: _________________________________ Date: __________________________

Department Chair Signature

Approved by: _________________________________ Date: __________________________

Dean Signature

Department Chair and Dean Signatures are based on the student’s major not on the course substitution.

This form is not official until submitted to the Registrar’s Office.