

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: _____ Program: _____

| REQUIREMENT | | | SUBSTITUTION REQUESTED | | |
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| COURSE NUMBER | COURSE TITLE | CREDIT HOURS | COURSE NUMBER | COURSE TITLE | CREDIT HOURS |
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Recommended by: _____ Date: _____
Signature of major advisor if action relates to major or General Studies

Approved by: _____ Date: _____
Signature of Program Coordinator

Approved by: _____ Date: _____
Signature of Division Chair

Approved by: _____ Date: _____
Signature of Academic Dean