



Course Substitution

Student's Name: _____

S.S.# _____ - _____ - _____

Major: _____

Catalogue Year: _____

Student's Signature: _____

Required Course: _____

(Course Number and Title)

Required for: Major _____

Minor _____

Proposed Substitution: _____

(Course Number and Title)

Reason for Substitution:

Signatures of Approval:

Academic Advisor: _____ Date _____

Division Chair: _____ Date _____

Academic Dean: _____ Date _____

Return to Registrar's Office with all required signatures.

Received by Registrar: _____ Date _____