

COURSE SUBSTITUTION FORM

Date of Request: _____
Student Name: _____
Student Major: _____

List the original course requirement here:

Course Code: _____
Course Name: _____

List the course would like to substitute for it here:

Course Code: _____
Course Name: _____

State the reason for the substitution:

Student Signature: _____

Advisor Signature: _____

Department Chair Approval

All requests for course substitutions must be approved by the department chair.

Department Chair Signature: _____

This form must be returned to the Office of the Registrar with the appropriate signature(s) before the change can be made official.