



Course Substitution Form

Student Name _____ Date _____

Address _____

Student Identification Number _____

College Degree _____

GRADUATION SUBSTITUTIONS

REQUIRED COURSE(S)		COURSE(S) TO BE SUBSTITUTED	
Name/Number	Credit Hours	Name/Number	Credit Hours

Justification _____

Student's Signature

Date

Advisor's Signature

Date

Campus Dean's Signature

Date

Registrar's Signature

Date

Note: This form should be approved by all persons listed above and returned to the Registrar's Office. If not approved, the waiver may be appealed to the faculty academics committee.

Updated 2/1/10

Copies to: ___Registrar ___Advisor ___Student