



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 _____

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and affect as a manual signature

Student's Signature

Date

Advisor's Signature

Date

Dean'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.

Copies to: ___ Registrar ___ Advisor ___ Student