

# COURSE SUBSTITUTION REQUEST

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program/Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

Expected Graduation: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

(Month/Year)

The student above is requesting that \_\_\_\_\_

Course - Course # - Title

substitute for the requirement of \_\_\_\_\_

Course - Course # - Title

which has the following course rotation (*when normally offered?*): \_\_\_\_\_

Student Justification: (*Please explain why the course was not taken when previously offered.*) Date of request: \_\_\_\_\_

Academic Advisor

Justification: Circle one: *Approve / Deny*

\_\_\_\_\_  
Academic Advisor's Signature

\_\_\_\_\_  
Date

Program Coordinator

Justification: Circle one: *Approve / Deny*

\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
Date

*If course being substituted is a different subject area from program – ex. MTH course in PSY program)*

Course Program Coordinator Justification: Circle one: *Approve / Deny*

\_\_\_\_\_  
Course Program Coordinator Signature

\_\_\_\_\_  
Date

School Dean

Justification: Circle one: *Approve / Deny*

\_\_\_\_\_  
School Dean's Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO THE REGISTRAR'S OFFICE - JOHN WESLEY HALL, ROOM 13**