

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