

COURSE SUBSTITUTION REQUEST FORM

STUDENT TYPE: Traditional Online Evening Graduate

| STUDENT INFORMATION | | |
|-----------------------|------------------------------|---------|
| Last Name | First Name | MI |
| Student ID # | Major () - | Advisor |
| Current Email Address | Current Telephone # | |

| SUBSTITUTION INFORMATION | | |
|--|-----------------------------|--------------|
| <p>COURSE TAKEN OR TRANSFERRED IN: You may be required to provide a course description in order to have this substitution approved.</p> | | |
| Course Code | Course Title | Credit Hours |
| THIS COURSE WILL SUBSTITUTE FOR: | | |
| Course Code | Course Title or Requirement | Credit Hours |
| <p>I UNDERSTAND THAT THIS REQUEST IS SUBJECT TO APPROVAL BY THE ADVISOR, THE REGISTRAR, AND ULTIMATELY THE DEAN. SOME REQUESTS MAY NOT BE APPROPRIATE FOR SUBSTITUTION AND WILL BE DENIED.</p> | | |
| STUDENT SIGNATURE: _____ | | |
| ACADEMIC ADVISOR: | | |
| I confirm that this is a reasonable and approved substitution. | | |
| Print Name | Advisor Signature | Date |
| <p>APPROVAL AND ENTRY BY THE OFFICE OF ACADEMIC ADVISING: I approve of this student's request. COMMENTS _____</p> | | |
| Director of Advising | Date | |

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| <p>Completed by: Initials: _____ Date: ____/____/____</p> |
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