

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: _____		
<p>ACADEMIC ADVISOR: I confirm that this is a reasonable and approved substitution.</p>		
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	

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