



Course Substitution Form

Office of the University Registrar

Last Name: _____ First Name: _____

Student ID #: _____ Term: FL SP SM

Student's Program of Study: _____

Catalog Year: _____ Anticipated Date of Graduation: _____

Program Requirement Substitution

Course Substitution for current program requirement (change to program requirement for graduation)

Course Substitution #: _____ Course Title: _____

Removed Course #: _____ Course Title: _____
(Current program requirement)

Program Director/ Associate Dean:

The following approved action will be updated on the student's Degree Audit record and used for graduation certification.
Describe in detail what course or action the student must complete to fulfill the requirements of this course substitution above:

Program Director (of Student's Program) or Associate Dean's Signature

Date

Print Name of Program Director (of Student's Program) or Associate Dean

Manager of Academic Operations Signature

Date

Print Name of Manager of Academic Operations

Processing: Present the completed form to the Office of the University Registrar

Date Received in Registrar's Office

Date Processed by Registrar's Office

A copy of this form and a copy or facsimile of the evidence is to be placed in the student's record