

COURSE SUBSTITUTION REQUEST

(Please submit a separate form for each request)

NAME: _____ Student ID# _____

The substitution being requested will affect the student's academic requirement in what area (e.g. major, minor, specific general education requirement, etc...)? Under what catalog has the student declared his/her major?

Requirement: _____ Catalog: _____

Identify which course you wish to substitute for which course (include department, course number, course title and number of credit hours):

Please consider substituting:

For:

Rationale (to be completed by student's academic advisor or department chair) Please provide the academic rationale for this substitution, that is, why should one course be considered academically equivalent or acceptable to substitute for the other course in this major, minor or general education?

Why is this substitution necessary?

Signatures:

Student

Academic Advisor

Chair of Department in which substitution
Is being Requested (the course being substituted FOR)

Date of request:

Review/Approval

This request is: Approved: _____

Disapproved: _____

Comment: _____

Registrar Signature

Date

Registrar's Office Processing:
Copies Sent to:
(Revised 11/2019)

Initials: _____
Advisor: _____

Date: _____
Student: _____