

Authorization for Course Substitution

NAME: _____

Student ID _____ DATE: _____

CATALOG YOU ARE UNDER: _____

(Include both years i.e.-2004-2005, 2005-2006, etc.)

Please make the following course substitutions to the degree plan of the student named above:

	for	
Dept/Course		Dept/Course
Course Title		Course Title

	for	
Dept/Course		Dept/Course
Course Title		Course Title

	for	
Dept/Course		Dept/Course
Course Title		Course Title

Signature, Dean or Department Chairperson