Authorization for Course Substitution

Name: ________________________________________________________________

Student ID: ___________________________             Date: ___________________________

Catalog Year: ___________________________            (Include both years – i.e. 2015-2016, 2016-2017, 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

REGISTRAR’S OFFICE USE ONLY

RECEIVED BY: ___________________________              RECEIVED DATE: ________________

RECORDED BY: ___________________________             RECORDED DATE: ________________

SCANNED BY: ___________________________                SCANNED DATE: ________________