



OFFICE OF THE REGISTRAR

**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: _____