REQUEST FOR SUBSTITUTIONS

NAME: ___________________________________________ ID#____________________
   (First) (Middle) (Last)

MAJOR: ______________________ SPECIALIZATION: ______________________

YEAR OF CATALOG USED FOR COURSE REQUIREMENTS: _________________

SUBSTITUTIONS:

____________________ for ______________ Reason: _______________________

____________________ for ______________ Reason: _______________________

____________________ for ______________ Reason: _______________________

____________________ for ______________ Reason: _______________________

____________________ for ______________ Reason: _______________________

____________________ for ______________ Reason: _______________________

________________________________ DATE SUBMITTED: _________________
   (Student’s Signature)

RECOMMENDED BY: ___________________
   (Advisor)

APPROVED BY: _____________________
   (Dept. Chairperson)

______________________ DATE APPROVED: __________
   (Associate Dean)

NOTE: This form should be used for substitutions to a degree program OR when a Senior Audit has already been filed and approved and additional substitutions are necessary OR when corrections to previously approved substitutions need to be made.