REQUEST FOR SUBSTITUTIONS

NAME: _______________________________________ ID# ___________________
   (First)     (Middle)     (Last)

MAJOR: ________________________ SPECIALIZATION: ____________________

YEAR OF CATALOG USED FOR COURSE REQUIREMENTS: __________________

SUBSTITUTIONS:

________________ for ____________ Reason: __________________________

________________ for ____________ Reason: __________________________

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________________ 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.