

## PROGRAM SUBSTITUTION REQUEST

Date: Name:							
Phone:			TTU	ID:			
Expected			<u> </u>				
Graduation		TTU	Email:				
		Classification:	□FR □SO	□JR	SR		
REQUEST FOR SUBSTITUTION OF							
Prefix	Course Name			Institution			Credit Hours
FOR DEGREE REQUIREMENT							
Prefix	Course Number			Institution			Credit Hours
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Supporting documentation MUST be attached for substitution of transfer course:							
Syllabus Catalog Description Other							
	Student Signa	ature					
Academic Advisor Academic Advisor							
	Program Dire	ector	APPRO	VED	DENIED		
Academic Ju	stification:						
For Office Use Only SMASADJ SFASRPO Enroll Date Initials							