



PROGRAM SUBSTITUTION REQUEST

Date: _____

Name: _____

Phone: _____

TTU ID: _____

Expected
Graduation: _____

TTU Email: _____

Classification: ☐ FR ☐ SO ☐ JR ☐ SR

REQUEST FOR SUBSTITUTION OF

Prefix	Course Number	Name	Institution	Credit Hours

FOR DEGREE REQUIREMENT

Prefix	Course Number	Name	Institution	Credit Hours

Supporting documentation **MUST** be attached for substitution of transfer course:

☐ Syllabus ☐ Catalog Description ☐ Other _____

Student Signature

Academic Advisor

Program Director

☐ APPROVED

☐ DENIED

☐ APPROVED

☐ DENIED

Academic Justification:
