



TEXAS TECH UNIVERSITY  
College of Agricultural Sciences  
& Natural Resources

**REQUEST FOR SUBSTITUTIONS**

NAME: \_\_\_\_\_ R# \_\_\_\_\_  
(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: \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_  
(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.