

COURSE SUBSTITUTION

(Return to Records Office)

 Student Name

 Student ID#

➤ **COURSE REQUIRED:**

Course Number	Course Title	Credit Hrs.
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➤ **COURSE SUBSTITUTED:**

(Additional elective hour(s) are necessary if substituted courses are less than the required hours.)

Course Number	Course Title	Credit Hrs.
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Course was taken at: _____

➤ **RATIONALE/REASON FOR COURSE SUBSTITUTION:**

 Student Date

 Advisor Date

 Program Coordinator (Program-specific courses) **OR** Date
 Academic Dean (Gen Ed courses)

Signatures required by all parties to indicate approval.