

Course Substitution Request

Date

Student's Name

Address

City, State Zip

Social Security Number

Request is made for a course substitution in the

_____ curriculum.

Course title and number to be waived

Course title and number to be substituted

Counselor/Advisor

Date

Academic Dean

Date

Registrar

Date

Original
Registrar

Yellow
Academic Dean

Pink
Counseling

Gold
Student
