



Course Substitution Form

Name: _____ ID: _____

Advisor: _____ Date: _____

Major 1: _____ Degree: _____

Major 2: _____ Degree: _____

Minors: _____

Complete this form ONLY if you have an approved substitute course for the required course.

UNIVERSITY STUDIES

Sequential Requirements			
Required Course	Substitute Course	Semester	Advisor's Initials
IN 140			
IN 150			
IN 151			
IN 250			
IN 350			
Non-Sequential Requirements			
Quantitative Reasoning			
Lab-Science			
Fine Arts			
Communication			
International Cultures/Strs			
School/College Requirements			
Course ID	Substitute Course	Semester	Advisor's Initials
Major Requirements			
Course ID	Substitute Course	Semester	Advisor's Initials

Return this to the Registrar's Office in Gorin Hall w/Advisor's initials.