

UNIVERSITY OF ARKANSAS
College of Agricultural, Food, and Life Sciences

COURSE SUBSTITUTION FORM

Name of Student: _____ ID#: _____

Student's Major: _____ Requirement Term: _____

Student's Minor: _____ Student's Email: _____

Request to Substitute:	Term Taken:	For:
_____	_____	_____
Subject / Catalog Number	Year / Semester	Subject / Catalog Number

The reason for this request:

Signature
of Advisor: _____ Date: _____

Signature of Assistant
Director / Faculty Mentor: _____ Date: _____
(If appropriate)

Signature of
Department Head: _____ Date: _____

Signature of
Minor Dept. Rep: _____ Date: _____
(Required only if substitution in minor)

RETURN TO DEAN'S OFFICE – AFLS E-108