

FORM TO REQUEST SUBSTITUTION FOR A REQUIRED COURSE

Name:		
(Please Print) (Last)	(First)	(Middle or Maiden)
Student Identification Number:		│─└ ▃▊ └▃▋└▃▋└▃▋
Major:	C	Classification:
	C	Candidate for current graduation: 🔲 Yes 🔲 No
The following substitution for a required cours		ū
Course:	FOR Co	urse:
(Catalog Number, Title)		(Catalog Number, Title)
Is course a transfer course? (See University Regulation	ion)	2 year school 4 year school
Reasons for making request:		
	Signature:	
(Date)	_ = 019eurer	(Student making request)
(Date)		(Department Chair of Minor)
Remarks:		·
(Date)		(Academic Advisor/Department Chair)
	 _ Signature:	
(Date)		(Chair of Major Department)
Remarks:		
	Signature:	
(Date) Remarks:		(Dean of Major College)
(Date)	_ Signature:	Down of Calloco in rubich required subject is taught if different from above)

When This Form is Complete, Please Return to the Office of Student Records, 104 Sikes Hall.

