

Undergraduate Course Substitution Form

Date: _____

First Name: _____ Last Name: _____ Student ID# _____

Telephone: _____ Cell Phone: _____ Email: _____

Address: _____

Program/Concentration: _____

Year

Fall

Spring

Summer

Intersession

Required Course:	Substitute Course:

COMMENTS:

Signatures:

Dept. Chair of Student's Major: _____ Date: _____

Academic Dean of Student's Major: _____ Date: _____

(only needed for General Education or Competency substitutions)

For Registrar's Use Only:

Date Received in Office: _____

Processed by (Print Name): _____

Signature of Processor: _____