

COURSE SUBSTITUTION REQUEST

(Please type or print legibly in ink)

Name _____
First Middle Last

ID # _____ Catalog Year _____

Major and Code _____ Minor and Code _____

Please attach a "SWRXWRK" report and comments/rationale for substitution(s) (e.g., course description).

Course on degree plan			Check if toward major or minor		Will be replaced by the following course(s) as listed on the transcript:					
Subject	Number	Cr. Hrs.	Major	Minor	Subject	Number	Course Title	Cr. Hrs.	Grade	Institution

By approving this request, I certify that these substitutions meet requirements as outlined on the student's degree plan and will apply to the graduation requirements for the University.

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature - Student's Advisor	Date		
_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature - Dept. Chair/Program Coordinator/Program Director (College of Student's Major and/or Minor)	Date		
_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature - Dean (College of Student's Major)	Date		
_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature - Registrar (General Education)	Date		

Course Substitution Request must be signed and recorded with the Registrar. The signed original will be kept in the RecordsOffice. Approval/disapproval will be noted in the 'GRA' comments in SPACMNT. A copy of the form can be forwarded upon request.