

SUBSTITUTION FORM

DATE: _____

Graduation Date: _____

APPROVAL FOR SUBSTITUTIONS IN DEGREE PROGRAMS

The following student indicates that the department has approved a course substitution for the degree in the student's major and/or minor:

Student's name: _____

Student's ID #: _____

Student's major: _____

Student's minor: _____

Student's catalog year: _____

SUBSTITUTION: (course number and title)

To meet the requirement:

Referred to on the degree audit under the heading:

_____ Approve

_____ Disapprove

Signature of Dean or Departmental Chair: _____

Date: _____

Return form to the Registrar's Office

FOR THE OFFICE OF THE REGISTRAR ONLY:

Colleen Decker _____

Karen Driskill _____

Stephanie Baird _____