COLLEGE OF LIBERAL ARTS
SUBSTITUTION FORM

Name: _____________________________ Date: _____________________________

ID#: _____________________________ Email: _____________________________

Major: _____________________________ Minor: _____________________________

COLART Degree: (circle one) BA BM BS BFA

Student Signature: _____________________________ (date) _____________________________

I understand that this substitution will only apply to my degree plan in my current major. Should I change majors, I must request another substitution.

REQUIRED COURSE INFORMATION
Course required on degree plan:
(Example: COMM 3365) _____________________________ _____________________________

Where is this course located in the degree plan?

Languages ________________________________________________________________

Block Electives ____________________________________________________________

Major ____________________________________________________________

Minor ____________________________________________________________

Advisor: (print) _____________________________ (sign) _____________________________ (date) _____________________________

Reason for substitution: ________________________________________________

Chair/Director: (print) _____________________________ (sign) _____________________________ (date) _____________________________

__ This substitution is for all students in this major. Reason _____________________________

__ This substitution is for this student only. Reason: _____________________________

Dean’s Office: APPROVED _______ NOT APPROVED _______

REASON: ________________________________________________________________

(print) _____________________________ (sign) _____________________________ (date) _____________________________

CAPP Administrator – substitution entered in degree evaluation: (sign) _____________________________

(Student notified of decision: (sign) _____________________________ (date) _____________________________