

College of Science
Course Substitution Application

Date: _____ Student ID: _____
Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Telephone: _____ E-mail: _____
Advisor: _____ Major: _____ Minor: _____
Catalog Year: _____ Semester Hours: _____ GPA: _____
Required Course: _____ Requested Substitution: _____
Reason for Substitution: _____

The chair of the department offering the course may accept or not accept substitution and may add comments.

Student's Signature Date

Please review and initial attached degree plan before agreeing or disagreeing with the substitution request.

Academic Advisor's Signature Date

Department Chair of your Major Date

Chair of Department Offering Course Date
(if outside the Major)

Comments:

Dean's Signature Date