

The University of Texas at El Paso
College of Science
Course Substitution Application

Date: _____

Advisor's Name: _____

Student's Name

Student No.

Student Telephone Number

E-mail

Degree: _____ **Major:** _____ **Minor:** _____ **Catalog Yr:** _____

Completed Semester Hours: _____ **Most Recent 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 qualifying comments.

Student's Signature

Date

Academic Advisor's Signature

Date

Chair of Department of your Major

Date

Chair of Department offering Course (if outside the Major)

Date

Dean's Signature: _____ **Date:** _____