REQUEST FOR COURSE SUBSTITUTION
FOR UNDERGRADUATE DEGREE PROGRAM

Student's Name: Student's ULINK :

Advisor: Date:

Degree Program: Department:

Anticipated Graduation Date: Catalog:

Course substitution:

Replace_____with _____

If transferred course, put school & their course number   *If transferred course, put school & their course number*

Rationale for substitution:

	Date:		
Student's Signature:	Date:		
Advisor's Signature:	Date:	Approve	Disapprove
Department Head's Signature:	Date:	Approve	Disapprove
Dean's Signature:	Date:	Approve	Disapprove
Chair of CAAS' signature (only if requested by Asst. VP for Academic Programs):	Date:	Approve	Disapprove
Assistant Vice President for Academic Programs' signature:	Date:	Approve	Disapprove

Please attach a Degree Check sheet.