



COURSE SUBSTITUTION REQUEST for Graduate Students

Student Name: _____ C #: _____

Major: _____ Date of Request: _____

COURSE SUBSTITUTION:

Required Course Information:

Approved Substitution Course Information:

Department Number Title _____

Department Number Title _____

Reason for Course Substitution: _____

Required Course Information:

Approved Substitution Course Information:

Department Number Title _____

Department Number Title _____

Reason for Course Substitution: _____

Signatures below indicate approval of the above course substitution requests:

Name of advisor (print name)

Advisor Signature

Date

Associate Dean of Graduate Studies

Date