



Request for Course Substitution

**Please allow a minimum of five (5) business days for processing
High volume and/or unique situations may result in a longer processing time

STUDENT INFORMATION *(please print)*

Name: _____ Student ID#: _____
Last/Maiden First Middle

Primary Phone: _____ Division: Undergraduate Day Undergraduate Evening Graduate Doctoral

Major: _____ Minor: _____ Concentration: _____

Advisor: _____ Expected Grad Date: _____ Catalog Year: _____

Student Signature: _____ Date: _____

SUBSTITUTION REQUEST *(please print)*

PBA Required Course Code: _____ Title: _____

PBA Substitute Course Code: _____ Title: _____

Year/Term Substitute Course Was Taken: _____

ADVISOR *(required)*

Approved: Yes No Comments: _____

Signature: _____ Date: _____

DEAN OF COURSE DISCIPLINE *(required)*

Approved: Yes No Comments: _____

Signature: _____ Date: _____

DEPARTMENT COORDINATOR *(if directed by Dean)*

Approved: Yes No Comments: _____

Signature: _____ Date: _____

DEAN OF DECLARED MAJOR/MINOR *(required)*

Approved: Yes No Comments: _____

Signature: _____ Date: _____

OFFICE OF THE REGISTRAR *(for processing)*

Completed: Yes No Signature: _____ Date: _____