

FORM TO REQUEST SUBSTITUTION FOR A REQUIRED COURSE

Name: _____
(Please Print) (Last) (First) (Middle or Maiden)

CUID Number: --

Major: _____ Candidate for current graduation: Yes No

The following substitution for a required course is requested:

Course: _____ FOR Course: _____
(Catalog Number, Title) (Catalog Number, Title)

Is course a transfer course? (See University Regulation) Yes No 2 year school 4 year school

Reasons for making request: _____

(Date) Signature: _____
(Student making request)

NOTE: Only Signature Needed If Substitution Is For Minor Course Requirement.

Remarks: _____

(Date) Signature: _____
(Department Chair of Minor)

Remarks: _____

(Date) Signature: _____
(Academic Advisor/Department Chair)

Remarks: _____

(Date) Signature: _____
(Chair of Major Department)

Remarks: _____

(Date) Signature: _____
(Dean of Major College)

Remarks: _____

(Date) Signature: _____
(Dean of College in which required subject is taught, if different from above)

WHEN THIS FORM IS COMPLETE, PLEASE RETURN TO THE STUDENT RECORDS OFFICE, 104 SIKES HALL.

