



COURSE SUBSTITUTION

Division of Academic Affairs

Banner ID: _____ Major Department: _____

 Last Name First Name Middle

 Address

 City State Zip Code

Telephone #: _____ Email Address: _____

Areas of Substitution

Catalog Year: _____ Major _____ Minor _____ Concentration _____ GE _____

Major: _____ Concentration: _____ Minor: _____

REQUIRED COURSE

Dept.	Course Number	Credit Hours	Descriptive Title

Course Description MUST be attached

SUBSTITUTED COURSE

Dept.	Course Number	Credit Hours	Descriptive Title

Course Description MUST be attached

Justification for Substitution: _____

Student's Signature: _____ Date: _____

Advisor: _____ Date: _____

Department Chair (Major): _____ Date: _____

Department Chairperson (Minor): _____ Date: _____
(If necessary)

General Education: _____ Date: _____
(If necessary)

Dean: _____ Date: _____

 Provost/Vice Chancellor for Academic Affairs Date: _____