



COURSE SUBSTITUTION FORM

**Note: Substituting classes outside your Department will require the signature of Dean of the school related to the class being substituted.

Date: _____

Student Name: _____ Banner ID: _____

Student Major: _____ Minor: _____

The following course: _____

Dept. Course # Course Title

May be substituted for: _____

Dept. Course # Course Title

Explanation of course substitution: _____

_____ Approved Disapproved _____
Date

Advisor

Comments _____

_____ Approved Disapproved _____
Date

Department Chair (Department related to class being substituted)

Comments _____

_____ Approved Disapproved _____
Date

Dean of College (College related to class being substituted)

Comments _____

_____ Approved Disapproved _____
Date

VPASA

Comments _____

_____ Approved Disapproved _____
Date

Registrar

Comments _____