



### Course Substitution Form

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
 UIN \_\_\_\_\_ VA Student \_\_\_\_\_  
 Email \_\_\_\_\_ Catalog Year \_\_\_\_\_  
 Degree \_\_\_\_\_ Major \_\_\_\_\_

**Type of Substitution:** S = Substitution      TS = Transfer substitution      WC = Waiver

| Required Course | Substitution Course | Semester | School | Type Sub |
|-----------------|---------------------|----------|--------|----------|
|                 |                     |          |        |          |
|                 |                     |          |        |          |
|                 |                     |          |        |          |
|                 |                     |          |        |          |
|                 |                     |          |        |          |

| Justification for Substitution(s): *MUST ATTACH COPY OF COURSE DESCRIPTION |
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Student: \_\_\_\_\_ Date \_\_\_\_\_  
 Faculty Advisor: \_\_\_\_\_ Date \_\_\_\_\_  
 Department Chair: \_\_\_\_\_ Date \_\_\_\_\_  
 Certification Officer(if applicable): \_\_\_\_\_ Date \_\_\_\_\_  
 Registrar: \_\_\_\_\_ Date \_\_\_\_\_

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452

Processed by/Date: \_\_\_\_\_