

Graduate Course Substitution Form

Use this form to list courses to be substituted for degree requirements.

Degree Plan Filed: Yes No

Student Name: _____

Date: _____

Student ID: _____

Catalog Year: _____

Degree: _____

Major: _____

Minor (if any): _____

Concentration (if any): _____

Type of Substitution: S = Substitution

TS = Transfer Substitution

Required Course	Substitution Course	Semester	Institution	Type of Substitution

Justification for Change: *(Attach syllabus, catalog description or other appropriate documentation)*

Note: Courses over six years old at the time of graduation will not be considered for degree requirements.

Student's Signature

Date

Graduate Coordinator/Department Chair's Signature

Date

College Dean's Signature

Date

Graduate Studies Director or Designee's Signature

Date

Please Return to: Office of Graduate Studies

Processed by/Date: _____