



**CURRICULUM COURSE SUBSTITUTION**

**DIRECTIONS:** If it is necessary for students to request a course substitution for a stated graduation requirement, **the student will initiate this process with their academic advisor.** This form should be completed by the student's advisor or counselor and signed by the student. Approvals must be obtained personally by the student from the Department Chairperson and Division Chair for their program of study. The Division Chair after signing will return the form to the advisor. **The advisor will make two copies. One copy will be given (or mailed) to the student, one copy will be kept in the advisor's files, and the original will be forwarded to the office of the Registrar.**

PRINT STUDENT NAME \_\_\_\_\_ ID # \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RECOMMENDED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(ADVISOR SIGNATURE)

**I request permission to substitute:**

COURSE #	COURSE TITLE		COURSE #	COURSE TITLE
_____	_____	FOR	_____	_____

**In the Curriculum Code and Title:** \_\_\_\_\_

REASON FOR THIS REQUEST: \_\_\_\_\_

\*\*\*\*\*

**APPROVED:**

_____	_____
DEPARTMENT CHAIRPERSON	DATE

_____	_____
DIVISION CHAIR	DATE

**DENIED:**

_____	_____
DEPARTMENT CHAIRPERSON	DATE

_____	_____
DIVISION CHAIR	DATE

REASON DENIED - ALTERNATE SUGGESTION: \_\_\_\_\_