COURSE SUBSTITUTION

Student ID# ___________________    Name ______________________________

I would like to take, Course: ______________ Section: _____ Term: __________,
to be substituted for, Course: _____________ Section: _____ Term: __________.

OR
(for courses already taken)

I would like for, Course: ______________ Section: _____ Term: ______________,
to be substituted for, Course: ____________ Section: _____ Term: ____________.

Reason for substitution

Student’s Signature: ______________________________            Date: __________
Departmental Approval: ___________________________            Date: __________