

SUBSTITUTIONS FORM

(Send copy to Chair or designated departmental staff)

Requestor Information

Name _____ Department _____

Student Information

Student Name _____
Last First M.

Student ID _____

Degree _____ Major _____

Minor _____ Concentration _____

Requested substitution(s) for major, minor, and concentration course requirements.

Please indicate the requirement that will receive the substitution and the course that will substitute for that requirement.

Requirement(s)

Substitution(s):

| Subject | Course # | Title | Subject | Course # | Title |
|---------|----------|-------|---------|----------|-------|
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The above substitutions of major and/or cognate major requirements have been approved for the student and major indicated above. After receiving approval, these substitutions may be submitted in the 'Petitions' tab in Degree Works.

_____ Date _____
Requestor Signature

_____ Date _____
Department Chair or Designee Signature