



# COURSE SUBSTITUTION REQUEST FOR UNDERGRADUATE DEGREE PROGRAM

## STUDENT INFORMATION

Student's name:	Student's ULID:
Advisor:	Date:
Degree Program:	Department:
Anticipated Graduation Date:	Catalog:

## COURSE SUBSTITUTION INFORMATION

### MAJOR COURSES OR GEN ED COURSES (CIRCLE ONE)

Required Course (Degree Plan Course)	Substituted Course
1:	
2:	
3:	
4:	

## REASON FOR SUBSTITUTION


## SIGNATURES

Student's Signature:	Date:		
Advisor's Signature:	Date:		
Department Head's Signature:	Date:	Approve	Disapprove
Dean's Signature:	Date:	Approve	Disapprove
Chair of CAAS' signature: <small>(only if requested by Asst. VP for Academic Programs)</small>	Date:	Approve	Disapprove
Assistant Vice President for Academic Programs' signature:	Date:	Approve	Disapprove

**Please attach a Degree Check sheet**