



Use this form to request substitutions of required courses in your curriculum in accordance with Academic Regulations. This form may not be used to request substitutions for General Education requirements. For exceptions to General Education requirements, you must file a General Education Appeal. Return completed Course Substitution Request to the Office of Enrollment Services.

Name				Student ID M-		
Program c	of Study/Curriculum Code	_from Catal	og Year	Expected Graduation Da	ate (month/year))
Required Course				Substituted Course		Enrollment
Course Number	Course Title	Credits	Course Number	Course Title	Credits	Services Use Only Substitution:
						Approved Not Approved
						☐ Approved ☐ Not Approved
						☐ Approved ☐ Not Approved
						☐ Approved ☐ Not Approved
The substitutions on this form are subject to existing Department Chair or Designee Signature		ademic Regu ate	ılations.	This signature affirms compliance with Accompliance with Accomplia		ations.
Department Chair/Designee Printed Name Department Chair/Designee Notes:					Offic	ce Use Only (Initial/Date)