THE UNIVERSITY OF MEMPHIS
University College

COURSE SUBSTITUTION REQUEST

PLEASE NOTE: Any University College student wishing to substitute a course must **(1)** complete Part 1 of this form; **(2)** attach a copy of the course description or syllabus; and **(3) submit this form to University College, 218 Brister Hall or fax to 901.678.4913** for consideration. Once a decision is made, you will be notified via your U of M email. University of Memphis course descriptions are available at: http://www.memphis.edu/ugcatalog/coursedescrip/index.php Please allow 5-10 working days for your request to be reviewed.

PART 1. TO BE COMPLETED BY STUDENT:

Name _____ **Date**_____

U Number _____**Major** _____

U of M Email Address _____**@memphis.edu**_____

Phone_____ **Expected Graduation Date** _____

Student's Signature_____

COURSE(S) BEING REPLACED (Name & No.)	COURSE TITLE	NEW COURSE(S) SUBSTITUTION (Name & No.)	COURSE TITLE	GRADE RECEIVED IF COMPLETED

Reason for requesting substitution(s): _____

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PART 2. FACULTY MEMBER APPROVAL – *Part 2 of this form is only required for students who are designing their own degree. The faculty member is the individual who signed your INDS Baccalaureate Contract. (RODP and other concentrations are excluded from having the faculty member approval.)*

Print Name_____ ☐ **Approved** ☐ **Not Approved**

_____ _____ _____

Faculty Member's Signature Dept. Phone # Date

FOR OFFICE USE ONLY

PART 3. ADVISOR'S APPROVAL ☐ **Approved** ☐ **Not Approved**

_____ _____

Advisor's Signature Date

PART 4. UNIVERSITY COLLEGE APPROVAL ☐ **Approved** ☐ **Not Approved**

_____ _____

Assistant Dean's Signature Date