

College of Arts and Sciences

Course Substitution Approval Form

This form must be forwarded to the Graduation Analyst (Scates Hall 107) to be included as a part of the student's graduation file.

Name: _____ U Number: _____ Degree: ___ B.A. ___ B.S. ___ B.S. in Chemistry

Major: _____ Minor: _____ Intended Graduation Date: ___ Dec ___ May ___ August 20___

*If course transfers in as "unassigned" and fulfills a General Education requirement, a "Request to Apply Transfer Work Form" must be submitted to the General Education Office.

THE REQUIREMENT

THE SUBSTITUTION

Subject	Course #	Course Title	Sem. Hrs.	Subject	Course #	Course Title	Sem. Hrs.

Advisor's Signature (If other than Department Chairperson): _____

Date: _____

Department Chairperson's Signature: _____

Date: _____

Dean's Signature: _____

Date: _____

Graduation Analyst's Signature: _____

Date Request Processed: _____