REQUEST FOR COURSE
SUBSTITUTION (AA-11/10)

TO: ____________________________________________
FROM: ____________________________________________, Advisor
DATE: ____________________________________________
STUDENT: ___________________________________________  ID#: _______________________________
ACADEMIC PROGRAM: ________________________________________________________________

REQUESTED SUBSTITUTIONS

COURSE(S) REQUIRED: ________________________________________________________________
COURSE(S) COMPLETED: ________________________________________________________________

1. ___________________________________________ _________________________________
2. ___________________________________________ _________________________________
3. ___________________________________________ _________________________________

RATIONALE FOR EACH REQUEST

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

The Chairperson responsible for signing off is the Chairperson for which the required course is assigned.

Action by Required Course Chairperson  □ Approved  □ Denied
Chairperson’s Signature: ___________________________________________ Date: ________________

Action by Registrar  □ Approved  □ Denied
Registrar’s Signature: ___________________________________________ Date: ________________

Action by the Provost and Senior Vice President  □ Approved  □ Denied
Provost’s Signature: ___________________________________________ Date: ________________

Rationale for any denied request(s): ____________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Once action is taken the advisor and student will receive an e-mail and the original will be filed with the Certification Analyst.