



STUDENT: _____ GSC ID #: _____

ACADEMIC PROGRAM: _____

REQUESTED SUBSTITUTIONS

COURSE(S) REQUIRED:

COURSE(S) COMPLETED:

- | | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |

RATIONALE FOR EACH REQUEST

1. _____
2. _____
3. _____

Student Signature

Date

Advisor Signature

Date

Department Chair Signature
(department of required course)

Approved Denied

Date

Certification Analyst

Approved Denied

Date

Vice President for Academic Affairs Signature

Approved Denied

Date

Rationale for any denied request(s): _____

