



Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax: 304-462-8619 registrar@glenville.edu

STUDENT: _____ **GSU ID #:** _____

ACADEMIC PROGRAM: _____

REQUESTED SUBSTITUTIONS

COURSE(S) REQUIRED:	COURSE(S) <input type="checkbox"/> COMPLETED <input type="checkbox"/> COMPLETING:
1. _____	_____
2. _____	_____
3. _____	_____

RATIONALE FOR EACH REQUEST

1. _____

2. _____

3. _____

_____ Student Signature	_____ Date
_____ Advisor Signature	_____ Date
_____ Department Chair Signature (of required course)	_____ Date
_____ Certification Analyst Signature	_____ Date
_____ VP for Academic Affairs Signature	_____ Date

Approved Denied

Approved Denied

Approved Denied

Rationale for any denied request(s): _____
