

SUSTITUTION REQUEST



Student is degree candidate for current semester

YES ___ NO ___

Please provide ALL requested information.

Name:			UIN:		
Major:	Option:	Catalog #:	Degree: BA	BS	
Expected Graduation (check one):		Fall	Spring	Summer	Year
I respectfully request that the following substitution(s) be made in my degree program.					
Required Course	Hours	Substitution	Hours	Term Taken*	
Total Hours:		Total Hours:			
*Required for courses that may be taken multiple times for credit (ex.ATMO 485, 489)					
Comments:					
Departmental Faculty Advisor:			Date:		
Department Head:			Date:		
Academic Dean of College:			Date:		
FOR DEGREE AUDIT USE ONLY					
Input by:			Date:		