



Course Substitution Request

Date: _____

Student's Name: _____

Student's Banner ID: _____

Faculty Member Requesting Substitution: _____

Degree or Certificate Program: _____

Required course number and name: _____

Requested substitution course number and name: _____

Reasons for substitution (to be completed by the requesting faculty member--should note how the substitution course matches required the required course for the student's program):

Requesting Faculty Member Signature: _____

Program Coordinator Signature: _____

Department Chair

_____ Approved

_____ Not Approved (Reason): _____

Department Chair Signature: _____

Academic Dean (if not approved by Department Chair)

_____ Approved (Reason): _____

_____ Not Approved (Reason): _____

Academic Dean Signature: _____