



## Course Substitution Approval Form

**Student's Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Curriculum:** \_\_\_\_\_

Approved Substitute(s)			Required Course(s)		
Course #	Course Title	Credits	Course #	Course Title	Credits

**Remarks or Justification:**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Approved:**

\_\_\_\_\_  
**Faculty Advisor of Student's Curriculum**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Division Dean of Student's Curriculum**

\_\_\_\_\_  
**Date**