

TO: Dr. Kay Albertson
Vice President for Academic Affairs

FROM:

DATE:

SUBJECT: REQUEST FOR COURSE SUBSTITUTION

Student's Name: _____

Student ID No.:

is requesting the course substitution indicated below because:

A curriculum sheet showing his/her progress in the _____ program is attached.

_____ Semester Hours
_____ Total Semester Hours

FOR

_____ Semester Hours
_____ Total Semester Hours

Advisor Signature

Date

Department Head Signature

Date

Division Head Signature

Date

Vice President for Academic Affairs

Date

Copy after approval to:
Registrar Advisor Veteran's Office

(Advisor will print out form/all pass to next approval level)