



Course Substitution Request

This form is not approved until all signatures have been obtained.
 Submit to the College of Graduate Studies at the address below.

To be completed by the student:

Student: _____ Student ID#: _____

Local address: _____
City State/Country Zip/Postal Code

Contact Information: _____
Email Phone

Degree Level: Graduate Certificate Master's Specialist Doctoral*

Program of Study: _____
(Give the exact title of the program as printed in the *Graduate Bulletin*)

PRINT CLEARLY

DELETE the following required courses:	Total Semester Hours
ADD or SUBSTITUTE the following required courses for the deleted coursework:	Total Semester Hours
Revised Total semester hours on graduate program:	

Student: _____
Signature Print Name Date

Advisor: _____
Signature Print Name Date

College of Graduate Studies Dean*: _____
Signature Print Name Date

*** only required for doctoral candidates**