

DEGREE PLAN SUBSTITUTION



Date Submitted: _____

Name: _____ Student ID: _____

Degree: _____ Major: _____ Certification: _____

Minor/Concentration/Complement/Track: _____

COURSE SUBSTITUTION(S)

Please list the course the student is completing first and the course on the degree plan second.

	Course Prefix, Number, and Title	For	Course Prefix, Number, and Title or Degree Requirement
1.		For	
2.		For	
3.		For	
4.		For	
5.		For	

RATIONALE FOR COURSE SUBSTITUTION(S)

Advisor

Date

Department Chair

Date

Dean

Date