



Texas A&M University-Texarkana Undergraduate Degree Plan Substitution

Date: _____ Student ID: _____

Student Name: _____

Major: _____ Minor: _____ Certification Area: _____

SUBSTITUTIONS:

1. _____ For _____
(Course Title & Number) (Required course title & number)
2. _____ For _____
(Course Title & Number) (Required course title & number)
3. _____ For _____
(Course Title & Number) (Required course title & number)
4. _____ For _____
(Course Title & Number) (Required course title & number)
5. _____ For _____
(Course Title & Number) (Required course title & number)

Rationale for course substitution: _____

(Faculty Advisor Signature)

(Date)

(College Dean Signature)

(Date)