



OFFICE OF THE REGISTRAR
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AUTHORIZATION FOR COURSE SUBSTITUTION

This substitution is valid for the award of the degree in (specialization) _____ BACC ASSOC (check one)

SEMESTER: Summer _____ Fall _____ Spring _____ Winter _____

STUDENT'S NAME _____
Last First Middle

SOC. SEC. NUMBER _____ MAJOR _____

Degree Credits Completed _____
Student's Signature _____

Grade Point Average _____

Course & No. Substituted **Course & No. Substituted For** **Last Semester Offered**

The course to be substituted must be equal to or higher than the numerical level (first digit of course number it is replacing).

APPROVAL

In instances where the substitution is for a discipline in a department other the department having curriculum responsibility, the discipline chairman must also approve the substitution.

Discipline Chairman (Print Name Above)

Curriculum Chairman (Print Name Above)

Discipline Chairman

Curriculum Chairman

DATE _____

DATE _____

NOTES: (1) **If course to be substituted for has been failed or resigned from in the past, this substitution must be approved by the appropriate Dean.**

(2) **This substitution is restricted to the award of the degree indicated above.**