



Department of Registrar

COURSE SUBSTITUTION FORM

Student Name				Academic Year			
Student ID				Semester			
Degree Program				School			
Required Course				Substitute Course			
SN	Code/Number	Title	Credit Hours	Code/Number	Title	Credit Hours	Semester/Year
1							
2							
Justification: (filled by advisor):							
Course Content Specialist							
Comments:							
Approved <input type="checkbox"/> Denied <input type="checkbox"/>							
Name of the Course Content Specialist				Date			
Signature							
Academic Advisor				Department Chair			
Comments:				Comments:			
Approved <input type="checkbox"/>				Approved <input type="checkbox"/>			
Denied <input type="checkbox"/>				Denied			
Name & Signature (Academic Advisor)				Name & Signature (Department Chair)			
Date				Date			
Dean of the Course				Chair of the General Education Committee (Required only if the substituted course is GenEd Course)			
Comments:				Comments:			
Approved <input type="checkbox"/>				Approved <input type="checkbox"/>			
Denied <input type="checkbox"/>				Denied			
Name & Signature (Dean of the Course)				Name & Signature (Chair of the General Education Committee)			
Date				Date			
Registrar Use							
Processed by				Date			
Signature							