



COURSE SUBSTITUTION REQUEST FORM FOR GRADUATE DEGREE PROGRAMS

INSTRUCTIONS: Please type all the information and print the form.

Send the original copy with all of the required signatures to the Office of Graduate and Professional Education. (Form revised: Nov. 2019)

SECTION 1: STUDENT INFORMATION		
STUDENT NAME	STUDENT ID #	STUDENT EMAIL
MAJOR		DATE
REASON FOR REQUEST		

SECTION 2: COURSES INFORMATION		
UD REQUIRED COURSE	SUBSTITUTE COURSE	SEMESTER

SECTION 3: SIGNATURES FOR APPROVAL		
_____ ADVISOR SIGNATURE	_____ DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
_____ DEPARTMENT CHAIR	_____ DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED

FOR OFFICE USE ONLY		
_____ OFFICE OF GRADUATE AND PROFESSIONAL EDUCATION	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	_____ DATE