SUBSTITUTION FORM

Name: _____ ID#: J_____

Major: _____

Expected graduation term: ☐ Fall (December) 20_____ ☐ Spring (May) 20_____ ☐ Summer (August) 20_____
Year Year Year

Required Course		Substitution Course		
Course Rubric	**Title**	**Course Rubric**	**Title**	**Institution**
Rationale:				

Requested by _____ Recommended _____
Advisor/Director's Signature *Dean's Signature*

Required Course		Substitution Course		
Course Rubric	**Title**	**Course Rubric**	**Title**	**Institution**
Rationale:				

Requested by _____ Recommended _____
Advisor/Director's Signature *Dean's Signature*

Required Course		Substitution Course		
Course Rubric	**Title**	**Course Rubric**	**Title**	**Institution**
Rationale:				

Requested by _____ Recommended _____
Advisor/Director's Signature *Dean's Signature*

Note: The VP of Academic Affairs has the final approval on all substitutions.