

Course Substitution - Advisement Note

[Submit completed form to Secretary in Department Office for review by Department Chair.]

Student		would like to	
	(Student's Name)		
substitute course			for
	(Course #, name, &	credit hours)	-
	(Course #, name, o	& credit hours)	
because			
		Advisor's Signature	
		Date	
		Department Chair's Signature	
		Date	