

**COLLEGE OF SCIENCE
REQUEST FOR COURSE SUBSTITUTION**

STUDENT INFORMATION

Major:		ID Number:
Last Name:		First Name:
Local address:		
City:	State:	ZIP Code:
Email:		Phone:

SUBSTITUTION

COURSES TAKEN				NATURE of SUBSTITUTION				
DEPT	NUMBER	TITLE	GRD	REQUIRED FOR MAJOR	ELECTIVE FOR MAJOR	CLE AREA REQUIREMENT (indicate area)	ViEWS	OTHER (please describe)

ADVISOR/DEPARTMENTAL APPROVAL SIGNATURE

Signature of Student:	Date:
Signature of Advisor:	Date:

ALL SUBSTITUTIONS FOR CLE COURSES REQUIRE DEAN'S APPROVAL AND AN ATTACHED SYLLABUS.

YES <input type="checkbox"/> NO <input type="checkbox"/>		
Dean's Approval	Dean's Signature	Date