COURSE SUBSTITUTION REQUEST

College Of Natural Resources

Date: _____

PLEASE FILL OUT COMPLETELY

NAME: _____ ID: _____ ADVISOR: _____ MAJOR: _____ OPTION: _____ Please select one: ☐ Freshman ☐ Junior ☐ Sophomore ☐ Senior	ADDRESS: _____ _____ _____ *City* *State* *Zip* PHONE: _____ EMAIL: _____

SUBSTITUTE COURSE (Department, Course# & Title)	REQUIRED COURSE (Department, Course# & Title)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

DETAILED REASONS WHY SUBSTITUTION(S) REQUESTED

(If substitution is from another university, catalogue description for each course much be attached.)

1._____
Student Signature

2._____
Advisor Signature

3._____
Curriculum Committee Approval

4._____
Academic Dean or Academic Counselor

When all signatures have been obtained through #3, return form to the Academic Programs Office, 138 Cheatham Hall, for signature and processing. Form will not be duplicated. Original will be placed in student's file. For verification of transaction, student should request a DARS(Degree Audit Reporting System) report from the Registrar's Office, 250 Student Services Building.

INCOMPLETE FORMS WILL BE RETURNED WITHOUT APPROVAL.