

College of Liberal Studies

CURRICULUM SUBSTITUTION REQUEST FORM

Date: _____

To: Dean
College of Liberal Studies

FROM: _____
Student's Name Student's I.D. #

I am petitioning for consideration of my request for a:

COURSE SUBSTITUTION OF:

| Dept. and Number | Exact Course Title | Credits |
|------------------|--------------------|---------|
|------------------|--------------------|---------|

FOR:

| Dept. and Number | Exact Course Title | Credits |
|------------------|--------------------|---------|
|------------------|--------------------|---------|

REASON FOR REQUEST:

Approved: _____
Chairperson, Major Department

Approved: _____
Chairperson, Other Department
(if interdepartmental)

Approved: _____
Student's Faculty Advisor

Approved: _____
Dean, CLS

MAJOR(S): _____

MINOR(S): _____

STUDENT'S LOCAL ADDRESS: _____

E-mail address _____

STUDENT'S SIGNATURE _____

RETURN THIS FORM ALONG WITH A COPY OF YOUR TRANSCRIPT TO THE
COLLEGE OFFICE, 227 GRAFF MAIN HALL