



Hybrid Course Substitution for International Students

Date: _____

Last Name: _____ First Name: _____ Tarleton UID: _____

Email: _____ Telephone: _____

Reason for Request

Instructor/Professor: _____

Major: _____ Semester: _____

Online Course Name and CRN: _____ Substitution Course Name and CRN: _____

Student Acknowledgement: _____ Date: _____

Instructor/Professor Acknowledgement: _____ Date: _____

Designated School Official Approval: _____ Date: _____

Scheduled Meetings for Student Progress			
Date	Location	Time	Faculty Signature