



Graduate Course Substitution Form

Date: _____

Student Name: _____

Student ID#: _____

Catalog Year: _____ Degree: _____

Major: _____

Concentration (if any): _____

Thesis/Dissertation

| Required Course | Substitution Course | Semester | University |
|-----------------|---------------------|----------|------------|
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Justification:

 Student

 Date

 Academic Advisor/Committee Chair

 Date

 Head of Major Department

 Date

 Dean of Major College

 Date

 Graduate Dean

 Date

Submit this form to the College of Graduate Studies (T-0350)

For COGS Use Only

Initials _____ Date Received _____