

College of Education

Request for Course Substitution(s) in Degree Plan

Date Submitted: _____

Student's Name CLID

Student's Mailing & Email Address
Major: _____ Catalog: _____

Course listed on Degree Plan			Course to be substituted		
Dept.	Number	Credit	Dept.	Number	Credit
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Reason for substitution(s):

1. _____
2. _____
3. _____
4. _____

REQUIRED SIGNATURES:

Student

Advisor

Advisor's Department Chair

Departmental Contact (If requested)

APPROVED

DENIED

DEAN, COLLEGE OF EDUCATION

Date