

Undergraduate Course Substitution Request

(Attach a Degree Check Sheet if student is <u>not</u> in Degree Works.)

Student's name:	Student's ULID:		
Advisor:	Date:		
Degree Program:	Department:		
Anticipated Grad Term/Year:	Catalog Year:		
Course Substitution Informati	ion		
Replace UL course:	with:		
Replace UL course:	with:		
Replace UL course:	with:		
Replace UL course:	with:		
Rationale for Substitution			
Student's Signature:	Date:		
Advisor's Signature:	Date:		
Department Head's Signature:	Date:	Approve	Disapprove
Dean's Signature:	Date:	Approve	Disapprove
Academic Programs' signature:	Date:	Approve	Disapprove
Official Use Only			
Notes:	Processed Date:	Processed Date: Processed By:	