DEGREE AUDIT SUBSTITUTION REQUEST

*Use this form to assure that the degree audit recognizes substitute courses approved
by departments/schools as fulfilling requirements in the major or minor.*

Name_____ SID_____ School_____

Last   First   Middle

COURSES TAKEN (Department to complete.)			SUBSTITUTION (Department to complete.)	AUTHORIZATION SIGNATURE

Course ID & Section	Course Title	Term Taken	Course ID	Department/School
				Approved by: (Print Name) _____ _____
Requirement satisfied by the substitution:				Signature: _____ Date: _____

Course ID & Section	Course Title	Term Taken	Course ID	Department/School
				Approved by: (Print Name) _____ _____
Requirement satisfied by the substitution:				Signature: _____ Date: _____

Course ID & Section	Course Title	Term Taken	Course ID	Department/School
				Approved by: (Print Name) _____ _____
Requirement satisfied by the substitution:				Signature: _____ Date: _____

[qwt 'f gcp)u'qhhleg'will route to Registrar's office.

F gcp)u'Qhhleg'Signature: _____ Date:_____