

EAST CENTRAL UNIVERSITY
Request for Course Substitution (Undergraduate)

Student's Name _____ Major _____

Student's ID or SSN _____ Option (If Applicable) _____

Catalog Year _____ Minor _____

List the course completed _____
Course Prefix, Number and Title

Taken at (school) _____ Sem/Yr Taken _____

If **not** taken at ECU –
List the course equivalent on the Student's transfer work _____
Course Prefix, Number and Title

List the required course _____
Course Prefix, Number and Title

Student's Signature _____ Date _____

Student and Advisor complete this section. Explain reason and justification for substitution.

Does this substitution affect teacher certification? Yes No If yes, Education Dean must sign below.

Advisor _____ Date _____ Approved Disapproved

*Department Chair _____ Date _____ Approved Disapproved

Education Dean (if required) _____ Date _____ Approved Disapproved

*Dean _____ Date _____ Approved Disapproved

Academic Affairs Office _____ Date _____ Approved Disapproved

***Department Chair and Dean are those persons in the area of the course being substituted, not the major area.**