



GRADUATE - - REQUEST FOR COURSE SUBSTITUTION

Student's Name: _____ Student's ID#: _____

Program: EDUC ___ MSHR ___ MSPS ___ MSAcct ___ Option: _____

Catalog Year: _____

I would like permission to substitute: _____

Course Prefix, Number and Title

Taken at (College): _____ In Year: _____

For the required ECU course: _____

Course Prefix, Number and Title

Reason and justification for substitution:

Student's Signature

Date

Advisor

Date

Approved

Disapproved

Program Director

Date

Approved

Disapproved

Graduate Dean

Date

Approved

Disapproved

Academic Vice President

Date

Approved

Disapproved