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: _________  Grade Received _________

For the required ECU course: _____________________________________________________

Course Prefix, Number and Title

Reason and justification for substitution:

_____________________________________________________________________________

_____________________________________________________________________________

Student’s Signature  Date

☐ Approved  ☐ Disapproved

Advisor or Program Director  Date

☐ Approved  ☐ Disapproved

Program Dean  Date

☐ Approved  ☐ Disapproved

Graduate Dean  Date

☐ Approved  ☐ Disapproved