



GRADUATE - - REQUEST FOR COURSE SUBSTITUTION

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

MEd ____ MSA ____ MiM ____ MSHR ____ MSPS ____ MSWRPM ____ 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

Advisor or Program Director Date Approved Disapproved

Program Dean Date Approved Disapproved

Graduate Dean Date Approved Disapproved