

GRADUATE - - REQUEST FOR COURSE SUBSTITUTION

Student's Name:				Student's ID#:			
MEd	MSA	MiM	_MSHR	MSPS	MSWRPM	Option:	
Catalog	Year:						
I would	like permiss	sion to substi	tute:	Cour	a a Duckin Numban a		
Taken at (College):					Course Prefix, Number and Title Year: Grade Received		
For the 1	equired EC	U course:					
Reason and justification for substitution:				Course Prefix, Number and Title			
Student'	s Signature					Date	
Student	3 Digitature					Date	
					pproved	☐ Disapproved	
Advisor	or Program	Director	Date				
Program	Dean		Date		pproved	☐ Disapproved	
110814111	Douil		Date			□ Diagram 1	
Graduat	e Dean		Date	LI A	pproved	☐ Disapproved	

Form Revised: 9/14/16