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 _____________________________

☐ Approved ☐ Disapproved

Advisor or Program Director __________________________ Date __________________________

☐ Approved ☐ Disapproved

Program Dean __________________________ Date __________________________

☐ Approved ☐ Disapproved

Graduate Dean __________________________ Date __________________________

☐ Approved ☐ Disapproved