

REQUEST FOR COURSE SUBSTITUTION

NAME: _____ **STUD ID#** _____ **DATE:** _____

STUDENT E-MAIL ADDRESS

STUDENT TELEPHONE

COURSE REQUESTING SUBSTITUTION FOR: _____

REASON FOR REQUEST: _____

STUDENTS SIGNATURE

CCB ADVISOR SIGNATURE

DEPARTMENT CHAIRPERSON _____
(NAME)

Room # _____

**I HAVE REVIEWED THE REQUEST FOR THE COURSE SUBSTITUTION AND MY
RECOMMENDATION IS:** _____

CHAIRPERSONS SIGNATURE

(DATE)

**IF A SUBSTITUTE IS APPROVED A COPY OF THIS DOCUMENT WILL BE PROVIDED TO THE
REGISTRAR'S OFFICE.**