

## Course Substitution Form

<b>Student Name:</b>	<b>Student ID:</b>
<b>Year of Entry:</b>	<b>Academic Advisor:</b>

**I. Previous Graduate Coursework: Substitution Request**

- a. Institution:
- b. Degree granted/Date:

*Attach transcript(s) and course syllabi to aid in course substitution request.*

UI/Program Requirement	Course Name	Semester/Year	Grade	Approve (√) Deny (X)
Faculty Signatures			Date	
1. Advisor:				
2. SP Faculty:				
3. SP Faculty:				
4. SP Faculty:				
5. Program Coordinator:				
<i>Copy: Program Files, Student Services, Student, Advisor</i>				