



College of Health Professions Course Substitution Form

Name: _____ Date: _____
 (Last) (First) (Maiden)

Address: _____ Telephone: _____

_____ Currently Enrolled Yes No

Student Identification Number: _____

Classification: Freshman Sophomore Junior Senior

State your reason for the requested course substitution and have the form approved by your advisor , department chair and the COHP Office of Student Services.

Reason for the substitution:

The above named student is hereby granted permission to make the substitution(s) listed below:

Required Course				Substitute Course			
Dept.	Course	Title	Hrs.	Dept.	Course	Title	Hrs.

Approved by:

Date: _____

Advisor

Date: _____

Department Chair

Date: _____

Student Services/Dean

Form Routing: Student ⇌ Advisor ⇌ Dept. Chair ⇌ Student Services

Date entered into Degreeworks: _____:By _____