



College of Health Professions
Course Substitution Request Form

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

Address: _____ Telephone: _____

_____ Currently Enrolled Yes No

Student Identification Number: 901-_____

Current 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 Associate Dean. Once signed by the advisor please do not allow students to handle the document.

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

Department Chair

Date: _____

Student Services/Dean

Date: _____

Form Routing: Student (if requested by student) ⇌ Advisor ⇌ Dept. Chair ⇌ COHP Assoc. Dean ⇌ Marilyn Fox

Date entered into Degreeworks: _____:By _____