

## COURSE SUBSTITUTION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Permanent Address \_\_\_\_\_ Student MU ID Number \_\_\_\_\_  
 \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Cell Number \_\_\_\_\_

Major \_\_\_\_\_ Currently Enrolled: (circle) Yes No

State your reason for the requested course substitution and have the form approved by the chairman of the department of the student's major. Return the form to the college you are enrolled in for the Dean's approval.

\* Reason for the substitution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Supporting documentation, such as a copy of the catalog description or a syllabus may be necessary.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

REQUIRED COURSE			
Dept	Course NO.	Title	Hrs.

SUBSTITUTE COURSE			
Dept	Course NO.	Title	Hrs.

The above names student is hereby granted permission to make the substitution(s) listed above.

**APPROVED BY:**  
 Director of School of student's major \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_