



REQUEST FOR COURSE SUBSTITUTION

Internal and External Substitutions

PLEASE PRINT LEGIBLY or FILL OUT ELECTRONICALLY, PRINT AND SIGN

Student Name _____ DSC ID # _____

Address _____
Street City State Zip

Degree/Program _____ Expected Term of Graduation _____

Advisor making request _____ this form must be accompanied by documentation (i.e., course description, syllabus, or outside agency if international) from the institution where the course was initially taken.

Required DSC Course _____

Substituted Course Designation and Title _____

Institution _____ Grade _____ Credit Hours _____

Comments _____

<p>Chair for required DSC Course (printed name) _____</p> <p>Approve Disapprove Signature _____ Date _____</p> <p>Comments _____</p> <p>_____</p>
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<p>Dean for required DSC Course (printed name) _____</p> <p>Approve Disapprove Signature _____ Date _____</p> <p>Comments _____</p> <p>_____</p>

<p>Provost/VPAA (REQUIRED ONLY IF REQUEST IS DISAPPROVED BY CHAIR AND/OR DEAN)</p> <p>Approve Disapprove Signature _____ Date _____</p> <p>Comments _____</p> <p>_____</p>
