

Departmental Course Substitution Authorization

Degree Audit

Please submit this form if you wish to seek the waiver or modification of a departmental requirement to your degree plan. Any liberal art core substitution must use an academic petition.

Student Name: _____ **Student ID#:** _____

Degree/Major: _____ **Date:** _____

Course 1:

Required CSF Course : _____ Credit Hrs _____

(Course Number and Title)

Substituted Course: _____ College of Transfer: _____

(Course Number and Title/or waived course)

Course 2:

Required CSF Course : _____ Credit Hrs _____

(Course Number and Title)

Substituted Course: _____ College of Transfer: _____

(Course Number and Title/or waived course)

Course 3:

Required CSF Course : _____ Credit Hrs _____

(Course Number and Title)

Substituted Course: _____ College of Transfer: _____

(Course Number and Title/or waived course)

Course 4:

Required CSF Course : _____ Credit Hrs _____

(Course Number and Title)

Substituted Course: _____ College of Transfer: _____

(Course Number and Title/or waived course)

Advisor Signature: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Registrar Signature: _____ **Date:** _____

Please return to the Registrar's Office.