

College of Education
Graduate Studies & Research

COURSE SUBSTITUTION REQUEST FORM

Approval must be secured prior to enrollment in the course to be substituted.

Student's Name: _____ CWID # _____

Degree Pursued: _____

_____ to be substituted
Course Number and Title

for _____
Course Number and Title

Reason for substitution request:

List all previous substitutions in your Plan of Study:

I hereby request that the above noted course be substituted to my program Plan of Study. I acknowledge that by accepting this substitution I remain responsible for all culminating program requirements including comprehensive examinations, portfolios, presentations, etc. as may be applicable.

Student Date: _____

Advisor Date: _____

Department Head Date: _____

Director of Graduate Studies Date: _____