



Office of the Registrar
Request for Substitution of Degree Requirement

CWID: _____
Last Name First Name MI

Catalog of Record: _____

Major: _____ Expected Graduation Date: _____
Term/Year

This request must be approved by the Department Head and the appropriate Dean before being submitted to the Office of the Registrar.

Required Course _____
Subject Number Hours

Substitution _____
Subject Number Hours

Required Course _____
Subject Number Hours

Substitution _____
Subject Number Hours

Required Course _____
Subject Number Hours

Substitution _____
Subject Number Hours

Justification: _____

Department Head Date

Associate Provost Date

Dean of School Date

Office Use Only

Recorded to Banner:

Initials

Date