



## GRADUATE COLLEGE COURSE SUBSTITUTION REQUEST

*This form must be submitted to the Graduate College by an Assistant Dean or Program Chair for processing.*

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Date:

Student's ID #: N

Student's Name:

**Required Course on Plan of Study**

**Substituted Course**

**Comment**

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

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*For Graduate Office Use Only*

DegreeWorks/Data Entered