



**OFFICE OF THE REGISTRAR  
REQUEST FOR SUBSTITUTION OF DEGREE REQUIREMENT**

Name \_\_\_\_\_ CIT # \_\_\_\_\_ - \_\_\_\_\_

Major \_\_\_\_\_ Catalogue of Record \_\_\_\_\_

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.*

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Required course \_\_\_\_\_ Hrs. \_\_\_\_\_ Substitution \_\_\_\_\_ Hrs. \_\_\_\_\_

Required course \_\_\_\_\_ Hrs. \_\_\_\_\_ Substitution \_\_\_\_\_ Hrs. \_\_\_\_\_

Required course \_\_\_\_\_ Hrs. \_\_\_\_\_ Substitution \_\_\_\_\_ Hrs. \_\_\_\_\_

**Justification:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Undergraduate Dean/  
Graduate Dean Date

**Office Use Only**

Recorded to SIS: Initials \_\_\_\_\_ Date \_\_\_\_\_