



Office of the Registrar
Request for Substitution of Degree Requirement

CWID: _____
Last Name First Name MI

Catalog of Record: _____ Email: _____

Major: _____ Expected Graduation Date: _____
Term/Year

This request must be approved by the Program Coordinator or Department Head and the appropriate Dean before being submitted to the the Associate Provost.

Return the form to the Office of the Registrar once all parties have signed.

Required Course _____
on Degree Works Subject Number Hours

Substitution _____
Subject Number Hours

Required Course _____
on Degree Works Subject Number Hours

Substitution _____
Subject Number Hours

Required Course _____
on Degree Works Subject Number Hours

Substitution _____
Subject Number Hours

Justification: _____

Department Head (of major) Date
or Program Coordinator

Associate Provost Date

Dean of School (of major) Date

Office Use Only

Recorded to Banner:

Initials

Date