

GRADUATION REQUIREMENT
*******COURSE SUBSTITUTE*******

PLEASE FILL OUT THIS FORM NEATLY AND COMPLETELY.

STUDENT NAME: _____

Date Submitted: _____

STUDENT NUMBER: _____ - _____ - _____

Fill in all blank areas within this box:

COURSE REQUIREMENT:

COURSE # AND TITLE: _____

Department Chair/Program Director Signature: _____
(Department offering course)

COURSE SUBSTITUTE:

COURSE # AND TITLE: _____

Department Chair/Program Director Signature: _____
(Department offering course)

Please explain substitution: _____

Registrar's Office Use Only:

Entered By: _____

Date: _____

Reg. 11/95