



DEGREE AUDIT SUBSTITUTION REQUEST

*Use this form to have courses approved as substitutions for fulfilling
major, minor distribution or proficiency requirements*

Name _____ SID _____
 Last First Middle

COURSES TAKEN	SUBSTITUTION	AUTHORIZATION SIGNATURE
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Course ID & Section	Course Title	Term Taken	Course ID	Department/School
Purpose of substitution:				College Associate Dean/Advisor

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Please return completed form with department/school approval to the Academic Advising Center