

- UNDERGRADUATE
- GRADUATE

TROY UNIVERSITY

Records Office

Substitution Form

Date _____

I hereby request that (#1) _____
(Dept.) (Number) (Title of course) (Hours Credit)

taken at _____
(College or University) (Date)

be substituted for (#2) _____
(Dept) (Number) (Title of course) (Hours Credit)

This request is based on the following reason(s): _____

Have you requested any other course(s) be substituted In your program? Yes No
 If yes, list previous substitution requests.

Academic Major: _____ Seeking () teaching or () non-teaching degree

Name of Student (Please Print)

Signature of Student

ID Number

Approved

Denied

Academic Advisor

Date

Approved

Denied

Department Chair of Item #2

Date

NOTE: All substitutions for majors or minors and General Studies must be approved by the appropriate Academic Dean.
 Education Majors must also secure approval from the Dean, College of Education.

Approved

Denied

Approved

Denied

Dean of Item # 2

Date

Dean, College of Education

Date

Recorded in Student's Degree Plan _____

Processing Date _____

Distribution:
 White - Student File
 Yellow - Advisor
 Pink - Dept. Chair
 Gold - Dean