



COURSE SUBSTITUTION REQUEST

TO THE REGISTRAR:

Date

_____ has my permission to substitute
Student's Name Social Security Number

Course Title and Number (include name of institution if not SAU-M)

for _____
SAU Course Title and Number

which is stated as a requirement for _____
Student's Major

in the university catalog.

JUSTIFICATION: (The justification must specify similarities in course content.)

Approval by Student's Advisor and School

Advisor

Dean of College

Date recorded on student's records

Approval by Department and School in which the course substitution is requested

Department Chair

Dean of College