



SUBSTITUTION REQUEST

Department: _____

THE STUDENT'S UP-TO-DATE PROGRAM DATA SHEET MUST BE ATTACHED

Please send form(s) to: Office of the Registrar
1000 ASU Drive, #420
WWACB Suite #201
Lorman, MS 39096-7500

Dear Registrar:
This is a request to make the following course substitution(s):

<u>Course to Substitute</u>		<u>Course Required Per Curriculum</u>	<u>Approved/Denied</u>
Substitute _____	for	_____	
Substitute _____	for	_____	
Substitute _____	for	_____	
Substitute _____	for	_____	

Student Information:

Name: _____ Student Number: _____

Major: _____ Concentration: _____

Expected Date of Graduation: _____ Total Credit Hours: _____

Catalog Year: _____

Respectfully submitted:

Date: _____ Advisor: _____

Date: _____ Department Chair: _____

Date: _____ Dean of School: _____

Explanation of actions taken:

Approved by: _____
University Registrar

_____ Date