



A Member of The Texas A&M University System

REQUEST FOR COURSE SUBSTITUTION APPROVAL

NAME _____ SSN _____
Last, First Middle

DATE: _____ DEGREE _____ MAJOR-MINOR _____

The above named student has completed/
is enrolling in _____
Course Number and Title

during the _____ semester. He/She is requesting that the course be used to substitute
for _____ for the following reason(s):
Course Number and Title

_____ Only schedule possible for
 sequence, teacher certification or graduation in _____

_____ Same or similar content

_____ Other (Justification) _____

COMMENTS: _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Please obtain professor's recommendation for approval and final approval by Department Chair:

Professor's Signature _____ Date _____

Department Chair's Signature _____ Date _____

Teacher Certification Officer(if applicable) Date _____

RETURN THIS FORM TO THE ADVISEMENT OFFICE

Received by _____ Date _____

Coded by _____ Date _____

3/18/96