

REQUEST FOR COURSE SUBSTITUTION
Pamplin College of Business



STUDENT'S ID NUMBER	LAST NAME	FIRST	MI	MAJOR	Excepted Graduation Term/ Year
LOCAL MAILING ADDRESS:					
LOCAL PHONE:				E-MAIL:	

UNIVERSITY CORE SUBSTITUTIONS

COURSE WHICH WAS/WILL BE TAKEN						REQUIRED COURSE				
DEPT	NUMBER	TITLE	CR HRS	TERM TAKEN	GRADE	DEPT	NUMBER	TITLE	CR HRS	AREA

COLLEGE CORE SUBSTITUTIONS

COURSE WHICH WAS/WILL BE TAKEN						REQUIRED COURSE				
DEPT	NUMBER	TITLE	CR HRS	TERM TAKEN	GRADE	DEPT	NUMBER	TITLE	CR HRS	AREA

SUBSTITUTIONS IN COURSES REQUIRED IN MAJOR*

COURSE WHICH WAS/WILL BE TAKEN						REQUIRED COURSE				
DEPT	NUMBER	TITLE	CR HRS	TERM TAKEN	GRADE	DEPT	NUMBER	TITLE	CR HRS	AREA

* Requires Signature of Department Head of Major

Reason substitution is requested _____

Student Signature _____ Date _____

For Office Use Only		
Decision	Department Head (for Courses in Major substitutions only)	Date
Decision	Associate Dean for Undergraduate Programs	Date
Date Student Notified	Initials	