COURSE SUBSTITUTION REQUEST FORM

REGISTRAR'S OFFICE



Last Name	ne First Name		Student ID Numbe	Student ID Number	
lajor/Minor			Declared Catalog \	Declared Catalog Year	
I request that this c	ourse				
Course ID Number	Course Title (please print)			Credit Hours	
This is a 🗖 Tusculum cou	rse 🗖 Transfer course (Additional do	cumentation may be required.)			
substitute for this	course				
Course ID Number	Course Title (please print)			Credit Hours	
Reason:					
ADVISOR					
☐ Approved ☐ Denied	ADVISOR SIGNATURE		Date		
Comments:					
INSTRUCTOR					
☐ Approved ☐ Denied	INSTRUCTOR SIGNATURE		Date		
Comments:					
DEPARTMENT CHAIR					
☐ Approved ☐ Denied					
	DEPARTMENT CHAIR SIGNATURE	Ē	Date		
Comments:					
DEAN					
☐ Approved ☐ Denied	DEAN SIGNATURE		 Date		
Comments:					
GENERAL EDUCATION CO	OORDINATOR (if applicable)				
☐ Approved ☐ Denied	CENTED COORDINATED CICALAT				
Comments:	GEN-ED COORDINATOR SIGNAT		Date		
		OFFICE USE ONLY			
Data Fints	D. Gatalah			D 07/06/03	
Date Entered	By (initials) No	otes		Rev: 07/06/20	