

Office of the Registrar
Course Substitution Request

(All fields outlined in red are REQUIRED. An answer must be provided in order to save form)

All substitutions must be submitted as soon as it is known that a substitution will occur and prior to registration of approved course

Name: _____ **PWID #:** _____
Campus Email: _____ **Phone #:** _____
Major: _____ **Minor:** _____
Campus: _____ **College:** _____
Current Overall GPA: _____

Required Course Information		
Course # (ie: AENG 101)	Details/Explanation	# of Credits

Substitute Course/Waiver Request		
Course # (ie: AENG 101)	Details/Explanation	# of Credits

Departmental Justification (must be completed by Advisor or Department Chair):

Advisor or Department Chair Signature

Date

Dean's Signature

Date

Reason for Denial:

Instructions:

- Advisor or Department Chair to complete form with all required information. **Digital signatures are preferred.**
- Dean to digitally sign form and Admin Assistant/designee to upload signed form to the Office of the Registrar Security FTP site via this [link](#). Please follow naming convention below.
- Form naming convention should follow: TERM_PWID_COURSE_SUBSTITUTION
 - Example: 202230_P11100023_COURSE_SUBSTITUTION