

ACAD-HISTORY-T

Student ID: R _____

COURSE SUBSTITUTION FORM

Student's Name: _____
Last First Middle Initial

Required Course: _____

Course Substitution _____

Basis for recommendation: _____

Mentor's Signature Date

Program Director's Signature Date

FINAL ACTION: Approved Not Approved

Dean Date

The student should secure approvals of Mentor, Program Director and Dean before sending to:

**Office of the Registrar and Academic Services
O'Hara Hall - 2nd floor**