



**COURSE SUBSTITUTION FORM**

Name: \_\_\_\_\_ A# \_\_\_\_\_

Student Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Class: \_\_\_\_\_ Has Student Applied for Graduation? Yes or No

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Nature of substitution request: \_\_\_\_\_

Justification of substitution request: \_\_\_\_\_

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Advisor \_\_\_\_\_ Date \_\_\_\_\_

Department Chairperson (student's major or Advising Services UND major) \_\_\_\_\_ Date \_\_\_\_\_  Approved  Disapproved

**This form must be submitted to the Registrar's office with the above signatures and approvals.**

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Dean of Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_  Approved  Disapproved