



COURSE SUBSTITUTION FORM

Name: _____ A# _____

Student Address: _____ Phone: _____

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

Nature of substitution request: _____

Justification of substitution request: _____

Advisor _____ Date _____

_____ ☐ Approved
Department Chairperson (student's major or Advising Services UND major) _____ ☐ Disapproved
Date _____

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

_____ ☐ Approved
Dean of Academic Affairs _____ ☐ Disapproved
Date _____
