



Course Substitution Form

Name: _____ CWID: _____ Major: _____

Substitution 1: _____

Reason:

Student's Signature *

Date

Advisor Signature (CAES or CHS)

Date

Program Representative Signature
(Program Director - CHS; School Director - CAES or CBSS)

Date

- Approve
- Disapprove

Associate Dean or Dean's Signature

Date

- Approve
- Disapprove