Graduate School
Course Substitution Request

Name: _____ , _____

        Last   First   M.I   CWID:

Degree: _____ Major: _____ Concentration: _____

REQUIRED COURSE →	PROPOSED SUBSTITUTION COURSE
1. Course Prefix & Number	Course Prefix & Number
2. Course Title	Course Title
3. Number of Credit Hours Semester Grade Earned	Number of Credit Hours Semester Grade Earned
4.	
Semester & year *required* course would be taken	Semester & year *proposed* course was completed
5. University of Louisiana Monroe	
Institution	Institution

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3. Number of Credit Hours Semester Grade Earned	Number of Credit Hours Semester Grade Earned
4.	
Semester & year *required* course would be taken	Semester & year *proposed* course will be taken
5. University of Louisiana Monroe	
Institution	Institution

Please attach a copy of the catalog description of the *required* course and the catalog description of the *proposed* substitution course.

Approved:

_____

Major Professor - Print Name

Major Professor- Signature: Date

Dr. Sushma Krishnamurthy
Dean, Graduate School

Dean, Graduate School- Signature: Date

Dean's notes:
Course 1 substitution valid until _____ Course 2 substitution valid until _____

This section is for Graduate School use only:
Grades verified: _____ Dates verified: _____