Graduate Student Services

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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	Semester & year *required* course would be taken	Semester & year *proposed* course was taken
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	Institution	Institution

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. *Anne Case Hanks*
Associate Vice President for
Academic Affairs

_____

AVPAA Signature: Date

Course 1 substitution valid until _____ Course 2 substitution valid until _____

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