

# SUBSTITUTION CONSENT FORM

## STUDENT INFORMATION:

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Program: \_\_\_\_\_

## TO BE COMPLETED BY PROGRAM DIRECTOR:

The Department has approved the substitution of:

\_\_\_\_\_  
Course Number Course Title Term Taken (or to be taken)

For the following requirement:

\_\_\_\_\_  
Course Number Course Title

The Department has approved the substitution of:

\_\_\_\_\_  
Course Number Course Title Term Taken (or to be taken)

For the following requirement:

\_\_\_\_\_  
Course Number Course Title

The Department has approved the substitution of:

\_\_\_\_\_  
Course Number Course Title Term Taken (or to be taken)

For the following requirement:

\_\_\_\_\_  
Course Number Course Title

## NOTES:

## SIGNATURE:

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date