

**College of Graduate and Professional Studies
Indiana State University
Terre Haute, Indiana**

REQUEST FOR SUBSTITUTION OF COURSE

NAME: _____ **Student ID#:** _____
 Last First Middle

Department: _____ **Date:** _____

REQUIRED COURSE	SUBSTITUTION COURSE
1. Course Prefix and Number: _____	_____
2. Course Title: _____ _____	_____ _____
3. Number of Credit Hours: _____ <input type="radio"/> Semester	_____ <input type="radio"/> Semester <input type="radio"/> Quarter
4. Semester and Year course is to be taken: _____	Semester and Year when taken: _____
5. Institution: ISU	(If different from ISU) _____ _____

Reason(s) for Substitution: _____

 Student's Signature Date

 Advisor's Signature Date

 Dept. Chair's Signature Date

 Educational Student Services Date
 (If Applicable)

 Dean of the College of Graduate and Professional Studies, Date