

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

REQUEST FOR SUBSTITUTION OF COURSE(S)

NAME: _____ Student ID#: _____
 Last First Middle

Department: _____ Date _____

REQUIRED COURSE	SUBSTITUTION COURSE
Course Prefix and Number: _____	_____
Course Title: _____ _____	_____
Number of Credit Hours: _____	_____
<input checked="" type="radio"/> Semester Semester and Year course is to be taken: _____	<input type="radio"/> Semester <input type="radio"/> Quarter Semester and Year when taken: _____
Institution: ISU	(If different from ISU) _____
Reason(s) for Substitution: _____	_____

REQUIRED COURSE	SUBSTITUTION COURSE
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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