



REQUEST TO SUBSTITUTE GRADUATE DEGREE PROGRAM

DATE: _____ **SID #:** _____

NAME: _____
Last First Middle

DEGREE PROGRAM:

- M.B.A
- M.Ed.
- M.Ed. (Non-Certification Track)
- M.M.
- M.S.

Specialization Area: _____
 Specialization Area: _____

COURSE NUMBER	DEGREE REQUIREMENT: COURSE TITLE	SEM. HRS.	COURSE NUMBER	SUBSTITUTION: COURSE TITLE	SEM. HRS.	SEM./YR TAKEN

 STUDENT SIGNATURE

APPROVALS:

(1) _____
 ADVISER DATE

(3) _____
 ASSOCIATE DEAN (IF NECESSARY) DATE

(2) _____
 SPECIALIZATION AREA CHAIR DATE

(4) _____
 GRADUATE DEAN DATE