



COURSE SUBSTITUTION REQUEST

Date of Request: _____

Student Name: _____ Student ID#: _____

Email: _____ Daytime Phone: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> MBA (specify concentration(s) below) | <input type="checkbox"/> MS Accounting | <input type="checkbox"/> MS Finance |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> International Business | <input type="checkbox"/> Organizational Management |
| <input type="checkbox"/> Economics | <input type="checkbox"/> Investment Management | <input type="checkbox"/> Production and Operations Management |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> General Business |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Marketing | |

Permission is requested to make the following Course Substitution(s):

REQUIRED COURSE

SUBSTITUTE COURSE

Course Code	Course Title	credits	Course Code	Course Title	credits

Reason for Request:

Signature of Student, Date

Signature of Academic Dept. Head/ Chair, Date

Signature of Academic Advisor, Date