



COLLEGE OF BUSINESS

LeBow

Learn Here, Lead Anywhere™

COURSE SUBSTITUTION SHEET

Name (Last, First): _____

Student ID# _____

Major: _____

Concentration: _____

Permission is hereby requested to make the following course substitution(s):

<u>Required Course</u>			<u>Substitute Course</u>		
Course Number	Course Title	Credits	Course Number	Course Title	Credits

Reason for request:

Student Signature

Date

Signature of Department Head

Date

Signature of Advisor

Date