

# Degree Audit Program Substitution Approval Form

Student:

ID#

Advisor:

Major:

Concentration:

Program Plan Year:

Anticipated Graduation Date:

## Substitution recommendation(s):

**Course Substitution(s):**

Substitute this course: (specify course number and title)	For this course: (specify course number and title)

**Rationale:**

**Course Approval(s):**

Allow this course: (course number and title)	To meet this requirement: (specify requirement/area)

**Rationale:**

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College/School (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Vice Chancellor (required for GE changes)      Date

*Encoder's use only:*

\_\_\_\_\_  
*Date received*

\_\_\_\_\_  
*Date processed*

\_\_\_\_\_  
*Encoder's signature*

**Distribution:** Registration & Records (original), Advisor, Program Director, Dean