



Required Course Substitution Form

This form is to approve substituted courses within student’s program/concentration requirements and will result in the adjustment of the student’s degree audit.

Part A: To be completed by the student

Name: _____ Banner ID: _____

Program and Concentration: _____

Example: Program – Special Education Concentration: Initial Licensure Moderate Disabilities K-8

Required Course:

Course Number: _____ Title: _____

Substituted Course:

Course Number: _____ Title: _____

Substituted course has been completed at BSU
Semester: _____ Year: _____

OR

Substituted course was completed at a previous institution and transferred to BSU:

*Appropriate Transfer Credit Form Must Be Completed

Name of Institution: _____

Signature of Student: _____ Date: _____

Part B: To be completed by the Program Coordinator

Approved Denied

Signature of Student’s Advisor: _____

Signature of Program Coordinator: _____

Signature of Graduate School Dean: _____

PLEASE RETURN COMPLETED FORM TO: Graduation Coordinator, College of Graduate Studies, Maxwell Library, Room 019